STATE OF MISSOURI
DEPARTMENT OF PUBLIC SAFETY
OFFICE OF THE DIRECTOR
CRIMINAL JUSTICE/LAW ENFORCEMENT UNIT
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JEFFERSON CITY, MO 65102

Michael L. Parson
Governor

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Director

RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT) PROGRAM
2019 LOCAL SOLICITATION

CFDA #16.593

Project Period:

July 1, 2019 to June 30, 2020

Application Deadline:

Applications must be submitted no later than 5:00 p.m. on April 24, 2019

https://dpsgrants.dps.mo.gov

Contact Information:

For assistance with the requirements of this solicitation or for technical assistance with submitting an application, contact the following staff:

Name	Title	Phone Number
Heather Haslag	Program Manager	(573) 751-1318

Release Date: March 11, 2019

RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT) PROGRAM
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GENERAL PROGRAM GUIDELINES

I. OVERVIEW:

The Residential Substance Abuse Treatment for State Prisoners (RSAT) Formula Grant Program (authorized by 34 U.S.C. § 10421 et. seq.) is administered by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance (BJA), and the Missouri Department of Public Safety is the elected State Administering Agency (SAA) of the grant funds.

The RSAT Program was created by the Violent Crime Control and Law Enforcement Act of 1994 (Public Law 103-322 § 1901). The RSAT Program assists state and local governments in developing and implementing substance abuse treatment programs in state and local correctional and detention facilities and creating and maintaining community-based aftercare services for offenders.

The purpose of the RSAT Program is to break the cycle of drug addiction and violence by reducing the demand for, use, and trafficking of illegal drugs. The objectives of the RSAT Program are to:

- Enhance the capabilities of states and units of local and tribal governments to provide residential substance abuse treatment for incarcerated inmates;
- Prepare inmates for their reintegration into the community by incorporating reentry planning activities into treatment programs; and
- Assist these offenders and their communities through the reentry process by delivering community-based treatment and other broad-based aftercare services.

II. FUNDING ALLOCATION:

All federal awards are subject to the availability of appropriated funds and any modifications or additional requirements that may be imposed by law.

The Bureau of Justice Statistics (BJS) calculates, for each state and territory, a minimum base allocation which, can be enhanced by an allocation in proportion to the ratio that its prison population bears to the total prison population of all states and territories.

The prison population includes all inmates under the jurisdiction of the state or territory for whom the state has legal authority and responsibility. The counts include inmates who may be housed in other states, county or city jails, or other adult correctional facilities.

At least 10% of the total state allocation shall be made available to local and tribal correctional and detention facilities - provided such facilities exist – for either residential substance abuse treatment programs or jail-based substance abuse treatment programs that meet the criteria outlined under the "General Program Guidelines-Eligible Programs" section of this solicitation.

III. ELIGIBLE APPLICANTS:

Any unit of state or local government within Missouri may apply for RSAT funds from the Missouri Department of Public Safety, Office of the Director.

The applicant agency for a RSAT project must be its respective unit of state or local government.

To be eligible for state funds (or federal pass-thru funds), the applicant agency must be in compliance with the following state statutes[1], where such apply to the applicant agency:

☐ **Section 43.505 RSMo – Uniform Crime Reports**
Pursuant to 43.505.3 RSMo, every law enforcement agency in the state shall (1) submit crime incident reports to the department of public safety on forms or in the format prescribed by the department; and (2) submit any other crime incident information which may be required by the department of public safety.
NOTE: It is the responsibility of the applicant to check the status and submission of such reports with the Missouri State Highway Patrol (MSHP) prior to submitting an application.   A copy of such reports need not be submitted with the application.

☐ **Section 590.650 RSMo – Racial Profiling Report**
Pursuant to 590.650.3 RSMo, (1) every law enforcement agency shall compile the data described in subsection 2 for the calendar year into a report to the attorney general and (2) each law enforcement agency shall submit the report to the attorney general no later than March first of the following calendar year.
NOTE: It is the responsibility of the applicant to verify the submission of this report with the Attorney General's Office prior to submitting an application. Failure to submit the 2018 Racial Profiling Report will result in the automatic denial of the application. A copy of such report need not be submitted with the application.

☐ **Section 513.653 RSMo – Federal Forfeiture Report**
Pursuant to 513.653.1 RSMo, law enforcement agencies involved in using the federal forfeiture system under federal law shall file a report regarding federal seizures and the proceeds therefrom. Such report shall be filed annually by February fifteenth for the previous calendar year with the state auditor's office.
NOTE: It is the responsibility of the applicant to verify the submission of this report with the Missouri State Auditor's Office prior to submitting an application. Any law enforcement agency that intentionally or knowingly fails to comply with the reporting requirement shall be ineligible to receive state or federal funds which would otherwise be paid to such agency for law enforcement, safety, or criminal justice purposes. A copy of such report need not be submitted with the application.

☐ **Section 590.700 RSMo – Written Policy on Recording of Custodial Interrogations**
Pursuant to 590.700.4 RSMo, each law enforcement agency shall adopt a written policy to record custodial interrogations of persons suspected of committing or attempting to commit felony crimes as outlined in subsection 2 of this section.
NOTE: It is the responsibility of the applicant to ensure the prescribed written policy is in place prior to submitting an application. A copy of such policy need not be submitted with the application; a copy will be requested during site visit monitoring.

☐ **Section 43.544 RSMo – Written Policy on Forwarding Arrest Information for Intoxication-Related Traffic Offenses**
Pursuant to 43.544.1 RSMo, each law enforcement agency shall adopt a policy requiring arrest information for all intoxication-related traffic offenses be forwarded to the central repository as

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[1] The summaries provided above are reflective of language as of the time of solicitation posting. If changes occur with the state laws, applicants and grantees are required to abide by the respective changes.

required by [Section 43.503 RSMo](#) and shall certify adoption of such policy when applying for any grants administered by the department of public safety.

NOTE: It is the responsibility of the applicant to ensure the prescribed written policy is in place <u>prior</u> to submitting an application. A copy of such policy need not be submitted with the application; a copy will be requested during site visit monitoring.

IV. INELIGIBLE APPLICANTS:

Non-profit and for-profit organizations are ineligible for RSAT funds from the State of Missouri.

V. ELIGIBLE PROGRAMS:

RSAT program funds may be used to implement three (3) types of programs:

1. Residential:

Residential programs provide individual and group treatment activities for inmates in residential facilities that are operated by state and local correctional agencies. These programs must:

- ❑ Be based on effective scientific practices. Treatment practices and/or services are required to be evidence-based as shown through treatment outcomes that are consistent with the RSAT program objectives.
- ❑ Engage inmates for a period between 6 and 12 months.
- ❑ Provide residential treatment facilities set apart – in a completely separate facility or dedicated housing unit in a facility exclusively for use by RSAT program participants – from the general correctional population.
- ❑ Focus on the inmate's substance abuse diagnosis and addiction-related needs.
- ❑ Develop the inmate's cognitive, behavioral, social, vocational, and other skills to solve the substance abuse and related problems.
- ❑ Require urinalysis and/or other proven reliable forms of drug and alcohol testing for RSAT program participants, including both periodic and random testing, and for former RSAT program participants while they remain in the custody of the state or local government.
- ❑ Prepare inmates for successful community reintegration that may include post-release referral to appropriate evidence-based aftercare treatment and/or service providers including those that support the use of medication-assisted treatment.
- ❑ If possible, RSAT participation should be limited to inmates with 6 to 12 months remaining in their confinement so they can be released from prison instead of returning to the general prison population after completing the treatment program.

2. Jail-Based:

Jail-based programs provide individual and group treatment activities for offenders in jails and local correctional facilities. These programs must:

- ❑ Be based on effective scientific practices. Treatment practices and/or services are required to be evidence-based as shown through treatment outcomes that are consistent with the RSAT program objectives.
- ❑ Engage inmates for at least 3 months.
- ❑ Focus on the inmate's substance abuse diagnosis and addiction-related needs.
- ❑ Develop the inmate's cognitive, behavioral, social, vocational, and other skills to solve the substance abuse and related problems.
- ❑ Require urinalysis and/or other proven reliable forms of drug and alcohol testing for RSAT program participants, including both periodic and random testing, and for former RSAT program participants while they remain in the custody of the state or local government.

❑ Prepare offenders for successful community reintegration that may include post-release referral to appropriate evidence-based aftercare treatment and/or service providers including those that support the use of medication-assisted treatment.
❑ Separate the treatment population from the general correctional population.

3. **Aftercare:**
Aftercare services must involve coordination between the correctional treatment program and other social service and rehabilitation programs, such as education and job training, parole supervision, halfway houses, self-help, and peer group programs.

NOTE: To qualify as an aftercare program, the head of the substance abuse treatment program must work in conjunction with state and local authorities and organizations involved in substance abuse treatment to assist in the placement of program participants into community substance abuse treatment facilities upon release. In addition, agencies shall coordinate these activities with any Substance Abuse and Mental Health Service Administration (SAMSHA)-funded state and/or local programs that address the needs of this target population. A state may use RSAT funding for community reintegration if the chief executive officer of the state certifies that the state is providing, and will continue to provide, an adequate level of residential treatment services.

VI. <u>EVIDENCE-BASED PROGRAMS OR PRACTICES:</u>
The Office of Justice Programs (OJP) emphasizes the use of data and evidence in policy making and program development in criminal justice, juvenile justice, and crime victim services. OJP is committed to:

- Improving the quantity and quality of evidence OJP generates
- Integrating evidence into program, practice, and policy decisions within OJP and the field
- Improving the translation of evidence into practice

The OJP considers programs and practices to be evidence-based when their effectiveness has been demonstrated by causal evidence, generally obtained through one or more outcome evaluations. Causal evidence documents a relationship between an activity or intervention (including technology) and its intended outcome, including measuring the direction and size of a change, and the extent to which a change may be attributed to the activity or intervention. Causal evidence depends on the use of scientific methods to rule out, to the extent possible, alternative explanations for the documented change. The strength of causal evidence, based on the factors described above, will influence the degree to which OJP considers a program or practice to be evidence-based.

The OJP CrimeSolutions.gov website at https://www.crimesolutions.gov/ is one resource that applicants may use to find information about evidence-based programs in criminal justice, juvenile justice, and crime victim services.

Applicants are required to provide substance abuse treatment practices and services that have a demonstrated evidence base and that are appropriate for the target population. Applicants should identify the evidence-based practice being proposed for implementation, identify and discuss the evidence that shows that the practice is effective, discuss the population(s) for which this practice has been shown to be effective, and show that it is appropriate for the proposed target population. Applicants can find information on evidence-based treatment practices in the Substance Abuse and Mental Health Services Administration (SAMHSA) *Guide to Evidence-Based Practices* available at www.samhsa.gov/ebpwebguide. The *Guide to Evidence-Based Practices* provides a short description and a link to dozens of websites with relevant evidence-

based practices information – either specific interventions or comprehensive reviews of research findings. Note that SAMHSA's *Guide to Evidence-Based Practices* also references the National Registry of Evidence-Based Programs and Practices (NREPP), a searchable database of interventions for the prevention and treatment of mental disorders and substance abuse. NREPP is intended to serve as a decision support tool, not as an authoritative list of effective interventions. Being included in NREPP, or in any other resource listed in the *Guide to Evidence-Based Practices*, does not mean an intervention is "recommended" or that it has been demonstrated to achieve positive results in all circumstances.   Applicants should document that the selected practice is appropriate for the specific target population and purposes of their project.

VII. ELIGIBLE BUDGET CATEGORIES:

Applicants may request funding under the following approved budget categories:

- ❑ Personnel
- ❑ Personnel Benefits
- ❑ Personnel Overtime
- ❑ Personnel Overtime Benefits
- ❑ Travel/Training
- ❑ Equipment
- ❑ Supplies/Operations
- ❑ Contractual

VIII. INELIGIBLE ACTIVITIES AND COST ITEMS:

Ineligible activities and cost items include, but are not necessarily limited to, the following:

- ❑ Aircraft
- ❑ Bonuses or Commissions
- ❑ Compensation & Travel of Federal Employees
- ❑ Construction/Renovation Projects
- ❑ Consultant Rates exceeding $650
    NOTE: Consultant services cannot exceed a rate of $650 (excluding travel and subsistence costs) for an 8-hour day, or $81.25/hour, without written prior approval. An 8-hour day may include preparation, evaluation, and travel time. Compensation for individual consultant services is to be reasonable and consistent with that paid for similar services in the marketplace.
- ❑ Daily Subsistence within Official Domicile
- ❑ Entertainment Expenses & Bar Charges
- ❑ Finance Fees for delinquent payments
- ❑ First Class Travel
- ❑ Indirect Costs
- ❑ Land Acquisition
- ❑ Less-than-lethal Weapons
- ❑ Lobbying or Fundraising
- ❑ Military-Type Equipment
- ❑ Personal Incentives for Employment
- ❑ Pre-Paid Gas/Phone Cards
- ❑ Vehicles
- ❑ Vessels/Boats
- ❑ Weapons and Ammunition

IX. PROJECT PERIOD:

The 2019 RSAT project period for approved projects is July 1, 2019 through June 30, 2020. Requests for extensions to this project period are not allowed.

All funds must be obligated and all proposed activities must be performed within this project period. Funds are considered "obligated" when a legal liability to pay a determinable sum(s) for services is incurred, which will require payment during the same or future period.

Funds which have been properly obligated (or can be pro-rated) must then be expended within 60 days following the project period end date (August 29, 2020). Funds are considered "expended" when payment is made.

Any funds not properly obligated or properly expended will lapse and revert back to the Missouri Department of Public Safety.

X. LOCAL MATCH REQUIREMENT:

Federal funds awarded under this program may not cover more than 75% of the total costs of the project. Therefore, applicants must provide **25% of the total project cost** in the form of cash or in-kind services.

❑ **Cash Match** (hard) includes cash spent for project-related costs. Allowable cash match must include those costs, which are allowable with federal funds.

❑ **In-Kind Match** (soft) includes, but is not limited to, the valuation of in-kind services. "In-kind" is the value of something received or provided that does not have a cost associated with it. For example, the value of donated services could be used to comply with the match requirement. Also, third party in-kind contributions may count toward satisfying match requirements provided the grantee receiving the contributions expend them as allowable costs.

NOTE: Matching funds need not be applied at the exact time or in proportion to the obligation of the federal funds. However, the full required matching share percentage must be obligated by the end of the period for which the federal funds have been made available.

XI. SUPPLANTING:

Supplanting is defined as taking the place of or replacing with something else.

Supplanting or shifting money to avoid the issue of supplanting is strictly prohibited. RSAT funds must be used to supplement existing funds for program activities and will not be awarded towards budget items that are and will continue to be funded by another source of money. RSAT funds shall be used to fund new projects, expand/enhance existing projects, or continue a funded project.

Recipients shall not use RSAT funds to pay for programs or expenses that they already are obligated to pay or has funded in previous years without proper and adequate justification. If an existing personnel position receives grant funding, the position must be back-filled as the agency has an obligation to continue funding the same number of employees.

Refer to the "Application Instructions-Supplanting" section of this solicitation for more information and for examples of supplanting and non-supplanting.

APPLICATION INSTRUCTIONS

I. HOW TO APPLY:

Applications for RSAT funding must be submitted online via the Missouri Department of Public Safety WebGrants System at https://dpsgrants.dps.mo.gov. WebGrants is a web-based computer application that will support the application and administration of grants available from the Missouri Department of Public Safety, Office of the Director.

❑ **New Organizations**

If your applicant organization has not yet registered with the WebGrants system:

1. **Acquire a DUNS (Data Universal Numbering System) Number**
   A DUNS number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of entities receiving federal funds. Obtaining a DUNS number is a free, one-time activity. Ask the grant administrator, chief financial officer, or authorizing official of your organization to identify your DUNS number. If your organization does not know its DUNS number or needs to register for one, visit https://www.dnb.com/.

   The Federal Funding Accountability and Transparency Act (FFATA) requires the Missouri Department of Public Safety to provide information on all federal spending awards to a single, searchable website at www.USASpending.gov. The organization's DUNS is provided to FFATA so be sure the information provided is that of your unit of state or local government.

2. **Acquire or Renew Registration with the System for Award Management (SAM) - Formerly known as CCR (Central Contractor Registration) Database**
   The System for Award Management (SAM) is a Federal Government owned and operated free website that centralizes information about grant recipients. You can register online at https://www.sam.gov. Please note that applicant organizations must update or renew their SAM registration at least once a year to maintain an active registration.

   Federal guidelines require that applicant organizations must (1) be registered in SAM.gov prior to submitting an application; (2) provide a valid DUNS number in its application; and (3) continue to maintain an active SAM registration with current information at all times during which it has an active grant award.

3. **Complete the "Register Here" on the WebGrants login page**

   Personal Information
   The Personal Information section should contain work-related information for the individual registering in WebGrants.

   - **Name**: provide your proper salutation title (Mr., Ms., Dr., Colonel, Sheriff, Deputy, Chief, Lt., Sgt., etc.) and first and last name
   - **Job Title**: provide your job title
   - **Email**: provide an email address that will be checked regularly as WebGrants will send scheduled alerts pertaining to the application and grant processes

- **Mailing Address**: provide your agency's mailing address (excluding the city, state, and zip code). If your agency has a PO Box, that information should be listed here. If your agency does not have a PO Box, then the street address should be listed here.
- **Street Address 1**: provide your agency's physical street address where applicable and different than the Mailing Address provided above. Do not repeat the Mailing Address!
- **Street Address 2**: provide additional information where applicable. Do not repeat the Mailing Address or Street Address 1 information!
- **City/State/Zip**: provide your agency's city, state, and zip code
- **Phone/Extension**: provide a daytime telephone number and an extension, where applicable. If your telephone number is a direct line, leave the extension field blank.
- **Fax**: provide a fax number

Organization Information
The Organization Information section should contain information pertaining to the applicant agency (unit of state or local government).

- **Applicant Agency**: provide your unit of state or local government followed by a comma and the project agency. (For example, the Cole County Sheriff's Office would enter Cole County, Sheriff's Office.)
- **Organization Type**: select "Government". If your organization is not a government organization, refer to the "General Program Guidelines-Eligible Applicants" section of the solicitation for more information.
- **Federal Tax ID #**: provide the 9-digit FEIN # of your unit of state or local government
- **DUNS #**: provide the 9-digit DUNS number of your unit of state or local government
- **CCR Code/Valid Until Date**: provide the 5 digit CAGE Code assigned from SAM for your unit of state or local government and the respective Expiration Date of such SAM registration
- **Organization Website**: provide the website of your unit of state or local government, where available. This field is not required; may leave blank.
- **Mailing Address**: provide the mailing address of your unit of state or local government. If your unit of government has a PO Box, that information should be listed here. If your unit of government does not have a PO Box, then the street address should be listed here.
- **Street Address 1**: provide the physical street address where applicable and different than the mailing address provided above for your unit of state or local government. Do not repeat the Mailing Address!
- **Street Address 2**: provide additional information where applicable. Do not repeat the Mailing Address or Street Address 1 information!
- **City/State/Zip/+4**: provide the city, state, zip code, +4 zip code extension of your unit of state or local government
- **County**: select the county in which your unit of state or local government is located
- **Congressional District**: select the congressional district in which your unit or state or local government is located
- **Phone/Extension**: provide a daytime telephone number and an extension, where applicable, for your unit of state or local government. If the telephone number is a direct line, leave the extension field blank.
- **Fax**: provide a fax number of the unit of state or local government

Once the above fields are completed, click the 'Register' link. A confirmation page will be displayed and you will receive a confirmation email to the email address provided under the Personal Information section of the registration form.

Once the registration is submitted, notification will be sent to the Missouri Department of Public Safety to approve the new user. The registrant will receive another email when the Missouri Department of Public Safety approves or disapproves the registration. If your registration is approved, your User ID and Password are active and you may log into the system. If your registration is disapproved, the email will contain the reason.

Once your registration is approved, you may add additional users from your organization to view application and/or grant information. To add registered users, log into WebGrants, click the 'My Profile' module from the Main Menu, select the applicable Associated Organization name, click 'Add' under the Registered Users section, and complete all the required fields on the form. Users which are added by an approved registered user will not be subject to approval by the Missouri Department of Public Safety.

NOTE: **Only new organizations should complete the registration form on the login page. Returning organizations should not complete this form as it will re-register the existing organization. If you have forgotten your login information, do not re-register to obtain a new login. It will only create duplicate and unnecessary records in the system database and may not allow the user to see all appropriate grant records. If you are unsure if your organization has an existing profile, contact a staff member of the Missouri Department of Public Safety as listed on the cover page of this solicitation.**

❑ **Returning Organizations**
If your applicant organization has already registered with the WebGrants system, login with the User ID and Password previously provided to you during the registration process. (If you have misplaced or forgotten your login information, utilize the 'Forgot User ID' and/or 'Forgot Password' tools on the login screen of WebGrants to retrieve such information. The Missouri Department of Public Safety staff are unable to retrieve such sensitive information, but if you have trouble retrieving your login information, contact a staff member of the Missouri Department of Public Safety as listed on the cover page of this solicitation.) And then complete the following steps before you start your application:

1. **Verify your Work Information**
   Under the 'My Profile' module of WebGrants, review all work-related information provided. Click 'Edit' where necessary to update or correct any of your work information.

2. **Verify your Organization Information**
   Under the 'My Profile' module of WebGrants, click on your department's name under the Associated Organizations section and review all information provided for your applicant agency. Click 'Edit' where necessary to update or correct any organization information, including the DUNS number or the CCR Code and Expiration Date, which derives from the System for Award Management (SAM).

   SAM is a Federal Government owned and operated free website that centralizes information about grant recipients. You can register online at https://www.sam.gov. Please note that organizations must update or renew their SAM registration at least once a year to maintain an active registration. Federal guidelines require that applicant organizations must (1) be registered in SAM.gov prior to submitting an application; (2) provide a valid DUNS number in its application; and (3) continue to maintain an active SAM registration with current information at all times during which it has an active award.

A DUNS number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of entities receiving federal funds. Obtaining a DUNS number is a free, one-time activity. Ask the grant administrator, chief financial officer, or authorizing official of your organization to identify your DUNS number. If your organization does not know its DUNS number, visit https://www.dnb.com/.

The Federal Funding Accountability and Transparency Act (FFATA) requires the Missouri Department of Public Safety to provide information on all federal spending awards to a single, searchable website at www.USASpending.gov. Organization information relating to DUNS number, address, congressional district, and county is provided to FFATA so be sure the information provided is that of your unit of state or local government.

NOTE: DO NOT change the entry of your Applicant Agency name as it has been entered in such a manner to distinguish your project from other projects by the same applicant agency.

3. **Verify the Registered Users Associated with your Organization**
Under the 'My Profile' module of WebGrants, click on your department's name under the Associated Organizations section and review the registered users associated with your organization. If it is necessary to update or correct any information provided for a user, be sure to make those changes as described below.

If it is necessary to add additional registered users from your organization, click 'Add' under the 'Registered Users' table. Additional users added by an already registered user are not subject to approval by the Missouri Department of Public Safety.

NOTE: As users are added to WebGrants, they are not automatically associated as a contact to your organization's grant(s). Therefore, if you have an open grant(s) and want the additional registered user to receive notifications from WebGrants regarding the grant(s), you are required to submit a *Change of Information Form* (Appendix A) to your DPS Internal Contact via the "Correspondence" component of the grant(s) in WebGrants.

If it is necessary to remove registered users from your organization, please contact a staff member of the Missouri Department of Public Safety as listed on the cover page of this solicitation so the individual can be properly removed from contact lists and deactivated from WebGrants.

NOTE: For security reasons, do not share your User ID and Password with other users. Each individual should maintain his or her own login information. In addition, do not reuse the profile of a previously employed individual as it affects the record keeping within WebGrants for previous grants. Finally, if you have an open grant(s) and need to remove a registered user from WebGrants, you are required to submit a *Change of Information Form* (Appendix A) to your DPS Internal Contact via the "Correspondence" component of the grant(s) in WebGrants.

❑ **All Organizations**
Once the above process has been completed, you are ready to start your application. On the Main Menu screen of WebGrants, click the 'Funding Opportunities' module and then click the appropriate funding opportunity.

New applicants to the RSAT funding opportunity must choose 'Start a New Application'.

Returning applicants to the RSAT funding opportunity have the option to 1) 'Copy an Existing Application' or 2) 'Start a New Application'. As presumed, copying an existing application will allow the applicant to copy forward information from a previously submitted application, thus reducing time re-entering same or similar information, and starting a new application will allow the applicant to create an application from scratch.

Please keep the following tips and instructions in mind while completing an application:

✓ **A separate application must be submitted for each project (if the scope of the project differs).**

✓ **Proper capitalization and sentence case is requested when typing each application form. Do not turn on 'Caps Lock' and leave on your 'Caps Lock' when filling out the application forms. The use of 'Caps Lock' throughout the forms makes it difficult to review the application and creates issues when data is extracted from WebGrants and merged into external documents, reports, etc.**

✓ **Each form has required fields indicated by a red asterisk (*). Forms can be saved without completing each required field, but the form cannot be marked complete without completing each required field**

✓ **The RSAT application consists of 15 forms. Each form must be 'Marked as Complete' before the application may be submitted.**
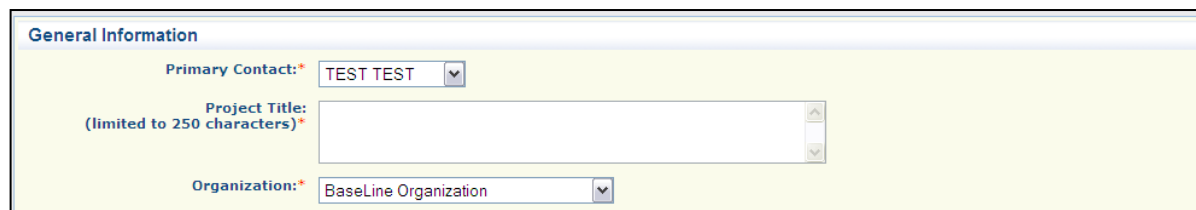
    NOTE: A form that has been marked complete is still editable until the application is submitted. A checkmark in the 'Complete' column will not prevent you from editing information on the form. An application may not be submitted, however, until a checkmark exists in the 'Complete' column for every form.

✓ **WebGrants is programmed to automatically close the funding opportunity based on the application deadline stated in the solicitation. Late applications will not be accepted for circumstances such as illness, bereavement, internet connection issues, broken scanners, staffing conflicts, emergency responses, etc. Therefore, start early and submit prior to the application deadline!**

II. APPLICATION FORMS:

FORM #1: GENERAL INFORMATION
The purpose of this form is to identify the primary contact, project title, and organization.

- **Primary Contact:** this drop-down field will pre-populate with the name of the individual associated with the login information. This individual may be any person associated with the proposed project and will be the general point of contact regarding the written and submitted application.

NOTE: This individual will be the ONLY recipient of emails generated by WebGrants during the application, review, and negotiation (revision) phases so chose carefully. If the appropriate individual is not an option, contact a staff member of the Missouri Department of Public Safety as listed on the cover page of this solicitation.

- **Project Title:** enter a carefully chosen, <u>brief</u> descriptive title for the proposed project.

  NOTE: Do not use the funding opportunity or grant title as your project title. In addition, do not include your organization name as your project title; your organization name will already appear on all documents and screens. Choose a project title that is meaningful to you and your organization. If the project is a continuation of a previously funded project, use the same project title as the previous year.

- **Organization:** this drop-down field will pre-populate based on the organization associated with the selected primary contact person. If an individual is registered in WebGrants and is associated with multiple organizations (e.g. grant writer), the user may see more than one option for this question and will need to select the respective organization.

  NOTE: If the appropriate applicant agency is not an option, contact a staff member of the Missouri Department of Public Safety as listed on the cover page of this solicitation. The applicant agency may need to be added as a new Organization in WebGrants and/or the individual associated with the login information may need to be associated to the existing Organization. Do not select an inappropriate applicant agency simply because the appropriate option doesn't exist.

FORM #2: CONTACT INFORMATION

The purpose of this form is to collect the names and contact information for the individuals that will be responsible for the oversight and administration of the proposed project.

- **Authorized Official:** the individual who has the authority to legally bind the applicant agency into a contract.
  - If the applicant agency is a city, the Mayor or City Administrator (as applicable to the agency's structure) shall be the Authorized Official.
  - If the applicant agency is a county, the Presiding County Commissioner or County Executive (as applicable to the agency's structure) shall be the Authorized Official.
  - If the applicant agency is a state department, the Department Director shall be the Authorized Official.

Authorized Official

The Authorized Official is the individual that has the ability to legally bind the applicant agency in a contract. Refer to the above mentioned Grant Solicitation for further instructions.

Name:*	Title	First Name	Last Name
Job Title:*			
Agency:*			
Mailing Address:*			
	Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.		
Street Address 1:			
	If a PO Box is entered on the Mailing Address line, enter the physical street address here.		
Street Address 2:			
City/State/Zip:*	City	Missouri ▾ State	Zip
Email:*			
Phone:*	Ext.		
Fax:*			

- ❖ Name: enter the Title (e.g. Mr., Ms., Dr.), the First Name, and the Last Name of the proper Authorized Official.
- ❖ Job Title: enter the Job Title (e.g. Mayor, City Administrator, Presiding Commissioner, County Executive, Department Director) of the identified Authorized Official.
- ❖ Agency: enter the Agency name (e.g. City of Columbia, Cole County Commissioner's Office, Missouri Department of Corrections) of the identified Authorized Official.
- ❖ Mailing Address: enter the mailing address of the identified Authorized Official. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
- ❖ Street Address 1: if a PO Box was entered in the 'Mailing Address' field, enter the physical street address of the identified Authorized Official. If the physical street address was entered in the 'Mailing Address' field, leave this field blank.
- ❖ Street Address 2 (not required): leave this field blank if no additional address information is available beyond what is already provided in the 'Mailing Address' and/or 'Street Address 1' fields.
- ❖ City/State/Zip: enter the City, verify the State is listed as Missouri, and enter the Zip Code.
- ❖ Email: enter the Email address of the identified Authorized Official.
- ❖ Phone: enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Authorized Official. Leave the Ext. field blank if the phone number is a direct line.
- ❖ Fax: enter the Fax number of the identified Authorized Official.

- **Project Director:** the individual who will have direct oversight of the proposed project.
  - o If the project agency is a law enforcement agency, the Project Director must be the Chief, Sheriff, or Director of the law enforcement agency.
  - o If the project agency is a non-law enforcement agency or state department, the Project Director must be the Division Manager or Division Director.

  NOTE: For grant purposes, the Project Director <u>cannot</u> be the same person as the Authorized Official. If the Project Director is listed as the same person as the Authorized Official, the application may be denied.

- ❖ Name: enter the Title (e.g. Mr., Ms., Dr., Chief, Sheriff), the First Name, and the Last Name of the proper Project Director.
- ❖ Job Title: enter the Job Title (e.g. Chief, Sheriff, Division Director) of the identified Project Director.

❖ Agency: enter the Agency name (e.g. Columbia Police Department, Cole County Sheriff's Office, Missouri Department of Corrections – Division of Offender Rehabilitative Services) of the identified Project Director.

❖ Mailing Address: enter the mailing address of the identified Project Director. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.

❖ Street Address 1: if a PO Box was entered in the 'Mailing Address' field, enter the physical street address of the identified Project Director. If the physical street address was entered in the 'Mailing Address' field, leave this field blank.

❖ Street Address 2 (not required): leave this field blank if no additional address information is available beyond what is already provided in the 'Mailing Address' and/or 'Street Address 1' fields.

❖ City/State/Zip: enter the City, verify the State is listed as Missouri, and enter the Zip Code.

❖ Email: enter the Email address of the identified Project Director.

❖ Phone: enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Project Director. Leave the Ext. field blank if the phone number is a direct line.

❖ Fax: enter the Fax number of the identified Project Director.

- **Fiscal Officer:** the individual who has responsibility for accounting and audit issues at the applicant agency level.
  o If the applicant agency is a city, the City Clerk, City Treasurer, or City Administrator (as applicable to the agency's structure) shall be the Fiscal Officer.
  o If the applicant agency is a county, the Comptroller, County Treasurer, or Director of Finance (as applicable to the agency's structure) shall be the Fiscal Officer.
  o If the applicant agency is a state department, the head of the Budget/Procurement Unit shall be the Fiscal Official.

  NOTE: For grant purposes, the Fiscal Officer cannot be the same person as the Authorized Official or Project Director. If the Fiscal Officer is listed as the same person as the Authorized Official or Project Director, the application may be denied.

Fiscal Officer
The Fiscal Officer is the individual who has responsibility for accounting and audit issues at the applicant agency level. Refer to the above mentioned Grant Solicitation for further instructions.

Name:* [Title] [First Name] [Last Name]
Job Title:* [ ]
Agency:* [ ]
Mailing Address:* [ ]
Enter a PO Box where applicable. If a PO Box is not applicable, enter the physical street address.
Street Address 1: [ ]
If a PO Box is entered on the Mailing Address line, enter the physical street address here.
Street Address 2: [ ]
City/State/Zip:* [City] [Missouri ▾] [Zip]
Email:* [ ]
Phone:* [ ] [ ] Ext.
Fax* [ ]

❖ Name: enter the Title (e.g. Mr., Ms.), the First Name, and the Last Name of the proper Fiscal Officer.

❖ Job Title: enter the Job Title (e.g. City Clerk, City Treasurer, Comptroller, County Treasurer, Director of Finance) of the identified Fiscal Officer.

❖ Agency: enter the Agency name (e.g. city of Columbia Finance Department, Cole County Treasurer's Office, Missouri Department of Corrections – Office of the Director) of the identified Fiscal Officer.

- ❖ Mailing Address: enter the mailing address of the identified Fiscal Officer. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
- ❖ Street Address 1: if a PO Box was entered in the 'Mailing Address' field, enter the physical street address of the identified Fiscal Officer. If the physical street address was entered in the 'Mailing Address' field, leave this field blank.
- ❖ Street Address 2 (not required): leave this field blank if no additional address information is available beyond what is already provided in the 'Mailing Address' and/or 'Street Address 1' fields.
- ❖ City/State/Zip: enter the City, verify the State is listed as Missouri, and enter the Zip Code.
- ❖ Email: enter the Email address of the identified Fiscal Officer.
- ❖ Phone: enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Fiscal Officer. Leave the Ext. field blank if the phone number is a direct line.
- ❖ Fax: enter the Fax number of the identified Fiscal Officer.

- • **Officer in Charge:** the individual that will act as the supervisor of the proposed project, if different than the Project Director listed above. This individual will be the primary contact for day-to-day questions regarding the grant project and operations.

    NOTE: The Officer in Charge may be the same person as the Project Director, and in that case, this section would not need to be completed again.

- ❖ Name: enter the Title (e.g. Mr., Ms., Sgt., Lt., Capt., Chief Deputy), the First Name, and the Last Name of the proper Officer in Charge.
- ❖ Job Title: enter the Job Title of the identified Officer in Charge.
- ❖ Agency: enter the Agency name (e.g. Columbia Police Department, Cole County Sheriff's Office, Missouri Department of Corrections – Division of Offender Rehabilitative Services) of the identified Officer in Charge.
- ❖ Mailing Address: enter the mailing address of the identified Officer in Charge. If the mailing address is a PO Box, enter such information in the field. If the mailing address is a physical street address, enter such information in the field.
- ❖ Street Address 1: if a PO Box was entered in the 'Mailing Address' field, enter the physical street address of the identified Officer in Charge. If the physical street address was entered in the 'Mailing Address' field, leave this field blank.

- ❖ Street Address 2 (not required): leave this field blank if no additional address information is available beyond what is already provided in the 'Mailing Address' and/or 'Street Address 1' fields.
- ❖ City/State/Zip: enter the City, verify the State is listed as Missouri, and enter the Zip Code.
- ❖ Email: enter the Email address of the identified Officer in Charge.
- ❖ Phone: enter the Phone number and the Phone Extension (Ext.), where applicable, of the identified Officer in Charge. Leave the Ext. field blank if the phone number is a direct line.
- ❖ Fax: enter the Fax number of the identified Officer in Charge.

FORM #3: PROJECT SUMMARY

The purpose of this form is to collect general information regarding the proposed project, such as:

- **Application Type** – indicate the type of application based on the following:

  o NEW = the application is being submitted as part of a competitive bid process and is not currently being funded by the Missouri Department of Public Safety.

    NOTE: This option would be true if the project is not a continuation or expansion of a previously-funded project.

  o RENEWAL = the application is being submitted as part of a renewal funding opportunity and is currently being funded by the Missouri Department of Public Safety.

    NOTE: This option is not applicable to RSAT and therefore should not be selected.

  o CONTINUATION = the application is being submitted as part of a competitive bid process to continue a program currently funded by the Missouri Department of Public Safety.

    NOTE: This option would be true if the project is a continuation of a previously-funded project with no major additions.

  o EXPAND/ENHANCE AN EXISTING PROJECT = the application is being submitted as part of a competitive bid process to specifically expand or enhance an existing project currently funded by the Missouri Department of Public Safety.

- **Current Subaward Number(s)** – indicate the subaward number issued by the Missouri Department of Public Safety if the project is <u>currently</u> funded by a DPS grant (i.e. the Application Type is identified as Continuation or Expand/Enhance an Existing Project). Leave this question blank or put N/A if the project is not currently funded (i.e. the Application Type is identified as New).

- **Program Category** – select the type of program by which the project shall be classified for evaluation purposes. The program categories refer to the 3 eligible purpose areas by which RSAT funds may be awarded. Refer to the "General Program Guidelines-Eligible Programs" section of this solicitation for more information regarding the 3 purpose areas.

- **Project Type** – select if the scope/service of the project will be statewide, regional, or local.

- **Geographic Area** – provide a general overview of the geographical area to be served by the proposed project.

- **Brief Summary of the Project** – provide a <u>brief</u> summary of the services to be offered by the proposed project or a general overview of the outcome of the proposed project. Please do not repeat information verbatim from your narrative.

- **Program Income Generated** – indicate if program income will be generated. Program Income, as it relates to the RSAT Program, is defined as income generated as a direct result of an agency-funded project. For example, if the RSAT-funded project charges a fee for the treatment program, the collected fees would be considered program income.

FORM #4: BUDGET

The purpose of this form is to identify all costs associated with the proposed project for which funding is requested.

A. PERSONNEL:
Include the salaries of all individuals working on the proposed project for which funding is requested.

Personnel

1. Include all personnel to be funded on the proposed project. If the project includes more than one individual, repeat this step for each person.
2. The Total Cost will automatically calculate as Salary per Pay Period x Number of Pay Periods x % of Funding Requested.
3. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.

Provide the name of the individual for which grant funding is requested. If the name is unknown, put TBH.

Name* [   ]

Provide the job title of the individual.

Title* [   ]

Select whether the position is a Created (new) position that currently does not exist within the agency or a Retained (existing) position that does currently exist with the agency.

Position* [▼]

Select the employment status based on the individual's status with the organization (not on this project).

Employment Status* [▼]

Enter the actual (or anticipated) salary per pay period for the individual. Do not round! If the individual will experience a salary increase during the project period, refer to the Grant Solicitation included in the Instructions at the top of this page for further instructions and examples.

Salary per Pay Period* [$0.00   ]

Enter the number of pay periods for which funding is being requested at the above Salary per Pay Period amount. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.

Number of Pay Periods* [   ]

Indicate the percentage of time to be spent on the project for which funding is being requested. For example, if an individual will only devote 50% of their time to the proposed project, enter 50. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested* [   ]

Indicate the percentage of salary to be attributed to the project's local match share. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

Local Match %* [   ]

The following is an example to aid in the completion of the Personnel budget form:

EXAMPLE 1 – Full-time, retained position (meaning that a position existed through RSAT or another source and the agency is maintaining the same level of staffing) for John Smith paid bi-weekly (26 pay periods a year) at a salary of $1,100.00 each pay period with no salary increase expected during the 12 month project period. The applicant agency will be contributing 25% of the salary cost from non-grant sources and therefore is only requesting 75% funding from the grant.

Name	Title	Position	Status	Salary per Pay Period	Number of Pay Periods	% of Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/ State Share
John Smith	Case Manager	Retained	FT	$1,100.00	26	100	$28,600.00	25	$7,150.00	$21,450.00

NOTE: The text entered under the <u>NAME</u> column and the percentage entered under the <u>% OF FUNDING REQUESTED</u> is how the line item will display on the Claim-Reimbursement form if your application is successful.

If a salary increase may occur during the project period, a budget line item should be included to reflect the initial salary and to reflect the change (increase or decrease) in salary. The following is an example to aid in the completion of the Personnel budget form:

EXAMPLE 2 – Full-time, created position (meaning that the position is in addition to existing positions and the agency is increasing its level of staffing) for John Smith paid monthly (12 pay periods a year) at a salary of $2,000.00 each pay period but expected to receive a $100 salary increase on January 1. The applicant agency will be contributing 25% of the salary cost from non-grant sources and therefore is only requesting 75% funding from the grant.

Name	Title	Position	Status	Salary per Pay Period	Number of Pay Periods	% of Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/ State Share
John Smith (July - Dec)	Case Manager	Created	FT	$2,000.00	6	100%	$12,000.00	25	$3,000.00	$9,000.00
John Smith (Jan - June)	Case Manager	Created	FT	$2,100.00	6	100%	$12,600.00	25	$3,150.00	$9,450.00
						SUBTOTAL =	$24,600.00		$6,150.00	$18,450.00

B. PERSONNEL JUSTIFICATION:

Personnel Justification

Personnel Justification

If personnel is not included in the budget, skip this section.

If personnel is included in the budget, provide the following justification for each position (preferably in the same order as the position is listed in the budget category):

*If the position is **new (created)**:*
- *provide a description of the job responsibilities the individual will be expected to perform*
- *where applicable to the posted position, identify any experience and/or certification that will be expected of the individual*

*If the position **exists (retained)**:*
- *provide a description of the job responsibilities*
- *provide a description of the experience possessed by the individual*
- *identify any certification the individual possesses as it relates to the position*

If a salary change may occur during the project period and a separate line is included in the budget to reflect such change, address the individual's eligibility (or reason) for such change, the percentage of change, and the effective date of the change.

If personnel are included in the budget, provide the following justification for each position (preferably in the same order as the position is listed in the budget category):

If the position is **new (created)**, provide the following information per position:
- ❑ a description of the job responsibilities the individual will be expected to perform
- ❑ where applicable to the posted position, identify any experience and/or certification that will be expected of the individual

If the position **exists (retained)**, provide the following information:
- ❑ a description of the job responsibilities
- ❑ a description of the experience possessed by the individual
- ❑ any certification the individual possesses as it relates to the position

If a salary change may occur during the project period and a separate line is included in the budget to reflect such change, address the individual's eligibility (or reason) for such change, the percentage of change, and the effective date of the change.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Personnel budget category to avoid discrepancies in the budget category and the budget justification.

C. PERSONNEL BENEFITS:

Include the fringe benefits of any individuals working on the proposed project for which funding is requested.

Personnel Benefits

1. Identify the fringe benefits for which funds are requested. If an individual is eligible for multiple benefits, repeat this step for each benefit.
2. The Total Cost will automatically calculate as Salary/Premium x Percentage/# of Periods x % of Funding Requested.
3. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.

Select the applicable fringe benefit to be included in the budget. This field is necessary for DPS reports.

Category* [▾]

Enter text based on how the fringe benefit will be displayed on the Claim report, often just repeating the option selected in the Category field. Where applicable, may need to clarify the individual(s) eligible for the selected fringe benefit where not all individuals are eligible. Refer to the Grant Solicitation identified in the above form instructions for examples.

Item* [ ]

If the cost basis is a percentage of salary, enter the individual's salary. If the cost basis is a set amount per month or pay period, enter the premium rate. If your agency expects a rate or premium change in any fringe benefit during the project period, refer to the Grant Solicitation included in the Instructions at the top of this page for further instructions and examples.

Salary/Premium* [$0.00]

If the cost basis is a percentage of salary, enter the benefit percentage as a decimal. For example, FICA/Medicare (7.65%) would be entered as 0.0765. If the cost basis is a set amount per month or pay period, enter the number of periods. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

Percentage/# of Periods* [ ]

Indicate the percentage of funding being requested for the specified benefit. For example, if an individual is budgeted to only spend 50% of their time on the proposed project, it might be applicable to request only 50% of a fringe benefit (if the fringe is not calculated on salary). Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested* [ ]

Indicate the percentage of fringe benefit to be attributed to the project's local match share. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

Local Match %* [ ]

The following is an example to aid in the completion of the Personnel Benefits budget form:

EXAMPLE 1 – Based on the previous Example 1 for Personnel, John Smith's grant-funded salary is $21,450.00 ($1,100 x 26 pay periods x 75% funding requested), but his total salary is $28,600 ($1,100 x 26 pay periods). If the applicant agency is requesting 75% funding of employer fringe benefits as well, some examples may include:

- o Dental Insurance – $5.00 per month for the 12-month project period
- o FICA/Medicare – 7.65% of salary (of $28,600)
- o Life Insurance – $10.00 per month for the 12-month project period
- o Medical Insurance – $100.00 per month for the 12-month project period
- o Pension – 8% of salary (of $28,600)
- o Unemployment Comp – 1.2% of the first $12,500 of salary
- o Workers Comp – 2.823567% of salary (of $28,600)

Category (Select from drop down box)	Item	Salary/ Premium	Percentage/ # of Periods	% Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/ State Share
Dental Insurance	Dental Insurance	$5.00	12	100	$60.00	25	$15.00	$45.00
FICA/Medicare	FICA/Medicare	$28,600.00	0.0765	100	$2,187.90	25	$546.98	$1,640.92
Life Insurance	Life Insurance	$10.00	12	100	$120.00	25	$30.00	$90.00
Medical Insurance	Medical Insurance	$100.00	12	100	$1,200.00	25	$300.00	$900.00
Pension/ Retirement	Pension	$28,600.00	0.08	100	$2,288.00	25	$572.00	$1,716.00
Unemployment Comp	Unemployment Comp	$12,500.00	0.012	100	$150.00	25	$37.50	$112.50
Workers Comp	Workers Comp	$28,600.00	0.0283	100	$809.38	25	$202.35	$607.03
				SUBTOTAL =	**$6,815.28**		**$1,703.83**	**$5,111.45**

NOTE: The text entered under the <u>ITEM</u> column and the percentage entered under the <u>% OF FUNDING REQUESTED</u> is how the line item will display on the Claim-Reimbursement form if your application is successful.

If a premium rate or fringe benefit percentage is expected to change during the project period, a budget line item should be included to reflect the initial rate/percentage and to reflect the change. The following is an example to aid in the completion of the Personnel Benefits budget form:

<u>EXAMPLE 2</u> – John Smith's annual salary is $28,600 ($14,300 from July – Dec and $14,300 from Jan - June). His medical insurance premium is expected to increase from $100/month to $120/month on January 1. In addition, his pension rate is expected to increase from 8% of salary to 9% of salary on January 1. The applicant agency will be contributing 25% of the employer fringe benefits from non-grant sources and therefore is only requesting 75% funding from the grant.

Category (Select from drop down box)	Item	Salary/ Premium	Percentage/ # of Periods	% Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/ State Share
Medical Insurance	Medical Insurance (July - Dec)	$100.00	6	100	$600.00	25	$150.00	$450.00
Medical Insurance	Medical Insurance (Jan - June)	$120.00	6	100	$720.00	25	$180.00	$540.00
Pension/ Retirement	Pension (July - Dec)	$14,300.00	0.08	100	$1,144.00	25	$286.00	$858.00
Pension/ Retirement	Pension (Jan - June)	$14,300.00	0.09	100	$1,287.00	25	$321.75	$965.25

D. PERSONNEL BENEFITS JUSTIFICATION:

Personnel Benefits Justification

Benefits Justification

If personnel benefits are not included in the budget, skip this section.

If personnel benefits are included in the budget, provide justification for each fringe benefit (preferably in the same order as the fringe benefit is listed in the budget category) to identify the cost and why it is needed.

If a premium or rate change may occur during the project period and a separate line is included in the budget to reflect such change, indicate the effective date of change and the reasoning for such change.

If personnel benefits are included in the budget, provide justification for each fringe benefit (preferably in the same order as the fringe benefit is listed in the budget category) to identify the cost and why it is needed.

If a premium or rate change may occur during the project period and a separate line is included in the budget to reflect such change, indicate the effective date of change and the reasoning for such change.

For example:

Dental Insurance is contributed by the employer to Delta Dental at a rate of $5.00 per month per employee to provide coverage for oral care.

FICA/Medicare is contributed by the employer to the IRS at a rate of 7.65% as set by the federal government for contributions for Social Security and Medicare.

Life Insurance is contributed by the employer to Assurant Insurance at a rate of $10.00 per month per employee to provide coverage in the event of death of the insured person.

Medical Insurance is contributed by the employer to United Healthcare at a rate of $100.00 per month per employee to provide coverage in the event of illness or injury to the insured person. Premiums are based on the calendar year and are expected to increase to $120.00 per month per employee on January 1, 2020.

Pension is contributed by the employer to the Missouri Local Government Employer Retirement System (LAGERS) at a rate of 8% of salary as a tax deferred savings vehicle that allows for the accumulation of a fund for later use as a retirement income. Each year, the LAGERS contribution rate is re-evaluated and traditionally increases. Therefore, the rate is anticipated to increase to 9% on January 1, 2020.

Unemployment Comp is contributed by the employer at rate of 1.2% of the first $12,500 of salary in the calendar year to provide employees, whose jobs have been terminated through no fault of their own, monetary payments for a given period of time or until they find a new job.

Workers Comp is contributed by the employer to the Missouri Association of Counties (MAC) at an approximate rate of 2.83% of salary to provide wage replacement and medical benefits to employees injured in the course of employment.

NOTE: **While important to clarify the percentage or premium per employee, it is recommended that agencies refrain from repeating the calculations outlined in the Personnel Benefits budget category to avoid discrepancies in the budget category and the budget justification.**

E. **PERSONNEL OVERTIME:**
Include any overtime for individuals working on the proposed project for which funding is requested.

Personnel Overtime

1. Include all personnel-overtime to be funded on the proposed project. Repeat this step for each individual receiving overtime.
2. The Total Cost will automatically calculate as Hourly Overtime Pay x Hours on Project x % of Funding Requested.
3. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.

Provide the name of the individual for which overtime funding is requested. If the name is unknown, put TBH.

Name*

Provide the job title of the individual.

Title*

Enter the hourly overtime pay rate for the individual. Do not round! If an individual expects a salary increase during the project period, refer to the Grant Solicitation included in the Instructions at the top of this page for further instructions and examples.

Hourly Overtime Pay* $0.00

Enter the number of anticipated hours the individual will spend on the project at the above Hourly Overtime Pay rate. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.

Hours on Project*

Indicate the percentage of funding being requested. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested*

Indicate the percentage of overtime to be attributed to the project's local match share. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

Local Match %*

The following is an example to aid in the completion of the Personnel Overtime budget form:

EXAMPLE 1 – John Smith will work approximately 200 hours of overtime on the proposed project. His overtime hourly pay rate is $22.00. The applicant agency will be contributing 25% of the employer fringe benefits from non-grant sources and therefore is only requesting 75% funding from the grant.

Name	Title	Hourly Overtime Pay	Hours on Project	% of Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/ State Share
John Smith	Case Manager	$22.00	200	100	$4,400.00	25	$1,100.00	$3,300.00

NOTE: The text entered under the <u>NAME</u> column and the percentage entered under the <u>% OF FUNDING REQUESTED</u> is how the line item will display on the Claim-Reimbursement form if your application is successful.

If a change in overtime pay rate may occur during the project period, a budget line item should be included to reflect the initial overtime hourly pay and to reflect the change (increase or decrease) in overtime hourly pay. The following is an example to aid in the completion of the Personnel Overtime budget form.

EXAMPLE 2 – John Smith expects a salary increase on January 1. It is anticipated that he will work 100 hours during the months of July - December at an hourly rate of $22.00/hour and that he will work another 100 hours during the months of January - June at a an hourly rate of $24.00/hour. The applicant agency will be contributing 25% of the employer fringe benefits from non-grant sources and therefore is only requesting 75% funding from the grant.

Name	Title	Hourly Overtime Pay	Hours on Project	% of Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/ State Share
John Smith (July to Dec)	Case Manager	$22.00	100	100	$2,200.00	25	$550.00	$1,650.00
John Smith (Jan to June)	Case Manager	$24.00	100	100	$2,400.00	25	$600.00	$1,800.00
				SUBTOTAL =	$4,600.00		$1,150.00	$3,450.00

F. PERSONNEL OVERTIME JUSTIFICATION:

If overtime is included in the budget, provide the following justification:
- ❑ description of the job responsibilities, experience possessed, and any certification possessed as it relates to the proposed project, for any personnel positions not included in the Personnel budget category
- ❑ description of why overtime funding is necessary to the project
- ❑ rationale for the number of hours budgeted for overtime, per position where applicable

If an overtime pay rate change may occur during the project period and a separate line is included in the budget to reflect such change, address the individual's eligibility (or reason) for such change, the percentage of change, and the effective date of the change.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Personnel Overtime budget category to avoid discrepancies in the budget category and the budget justification.

G. PERSONNEL OVERTIME BENEFITS:
Include the overtime fringe benefits of any individuals working on the proposed project for which funding is requested.

Personnel Overtime Benefits

1. Identify the overtime fringe benefits for which funds are requested. If an individual is eligible for multiple benefits, repeat this step for each benefit.
2. The Total Cost will automatically calculate as Overtime/Premium x Percentage/# of Periods x % of Funding Requested.
3. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.

Select the applicable overtime fringe benefit to be included in the budget. This field is necessary for DPS reports.

Category* [▼]

Enter text based on how the fringe benefit will be displayed on the Claim report, often just repeating the option selected in the Category field. Where applicable, may need to clarify the individual(s) eligible for the selected fringe benefit where not all individuals are eligible. Refer to the Grant Solicitation identified in the above form instructions for examples.

Item* [ ]

If the cost basis is a percentage of overtime, enter the individual's overtime total. If the cost basis is a set amount per month or pay period, enter the premium rate. If your agency expects a rate or premium change in any fringe benefit during the project period, refer to the Grant Solicitation included in the Instructions at the top of this page for further instructions and examples.

Overtime/Premium* [$0.00]

If the cost basis is a percentage of salary, enter the benefit percentage as a decimal. For example, FICA/Medicare (7.65%) would be entered as 0.0765. If the cost basis is a set amount per month or pay period, enter the number of periods. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

Percentage/# of Periods* [ ]

Indicate the percentage of funding being requested for the specified benefit. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested* [ ]

Indicate the percentage of fringe benefit to be attributed to the project's local match share. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

Local Match %* [ ]

The following is an example to aid in the completion of the Personnel Overtime Benefits budget form:

EXAMPLE 1 – Based on the previous Example 1 for Personnel Overtime, John Smith's grant-funded overtime is $4,400.00. If the applicant agency is requesting 75% funding of employer fringe benefits as well, some examples may include:
- o   FICA/Medicare – 7.65% of salary (of $4,400)
- o   Pension – 8% of salary (of $4,400)
- o   Workers Comp – 2.823567% of salary (of $4,400)

Category (Select from drop down box)	Item	Salary/ Premium	Percentage/ # of Periods	% Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/ State Share
FICA/Medicare	FICA/Medicare	$4,400.00	0.0765	100	$336.60	25	$84.15	$252.45
Pension/Retirement	Pension	$4,400.00	0.08	100	$352.00	25	$88.00	$264.00
Workers Comp	Workers Comp	$4,400.00	0.0283	100	$124.52	25	$31.13	$93.39
				SUBTOTAL =	$813.12		$203.28	$609.84

NOTE: The text entered under the <u>ITEM</u> column and the percentage entered under the <u>% OF FUNDING REQUESTED</u> is how the line item will display on the Claim-Reimbursement form if your application is successful.

If a premium rate or fringe benefit percentage is expected to change during the project period, a budget line item should be included to reflect the initial rate/percentage and to reflect the change. The following is an example to aid in the completion of the Personnel Benefits budget form:

<u>EXAMPLE 2</u> – John Smith's total overtime salary is $4,400. His pension rate is expected to increase from 8% of overtime salary to 9% of overtime salary on January 1. Presuming overtime salary will be $2,200.00 for July - December and $2,200.00 for January - June, the applicant agency will be contributing 25% of the employer fringe benefits from non-grant sources and therefore is only requesting 75% funding from the grant.

Category (Select from drop down box)	Item	Salary/ Premium	Percentage/ # of Periods	% Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/ State Share
Pension/Retirement	Pension (July - Dec)	2,200.00	0.08	100	$176.00	25	$44.00	$132.00
Pension/Retirement	Pension (Jan - June)	2,200.00	0.09	100	$198.00	25	$49.50	$148.50
				SUBTOTAL =	$374.00		$93.50	$280.50

H. PERSONNEL OVERTIME BENEFITS JUSTIFICATION:

If overtime benefits are included in the budget, provide justification for each fringe benefit (preferably in the same order as the fringe benefit is listed in the budget category) to identify the cost and why it is needed.

If a premium or rate change may occur during the project period and a separate line is included in the budget to reflect such change, indicate the effective date of change and the reasoning for such change.

For example:

FICA/Medicare is contributed by the employer to the IRS at a rate of 7.65% as set by the federal government for contributions for Social Security and Medicare.

Pension is contributed by the employer to the Missouri Local Government Employer Retirement System (LAGERS) at a rate of 8% of salary as a tax deferred savings vehicle that allows for the accumulation of a fund for later use as a retirement income. Each year, the LAGERS contribution rate is re-evaluated and traditionally increases. Therefore, the rate is anticipated to increase to 9% on January 1, 2020.

Workers Comp is contributed by the employer to the Missouri Association of Counties (MAC) at an approximate rate of 2.83% of salary to provide wage replacement and medical benefits to employees injured in the course of employment.

NOTE: **While important to clarify the percentage or premium per employee, it is recommended that agencies refrain from repeating the calculations outlined in the Personnel Overtime Benefits budget category to avoid discrepancies in the budget category and the budget justification.**

I. **VOLUNTEER MATCH:**
   Include any in-kind volunteer match, which will be applied to the local match share of the total funding. Volunteer match will be calculated at the state minimum wage of $8.60/hour (effective January 1, 2019).

The following are examples to aid in the completion of the Volunteer Match budget form:

EXAMPLE 1 – Agency has 5 volunteers from Alcoholics Anonymous (AA) providing a total of 500 volunteer hours to participants of the treatment program.

EXAMPLE 2 – Agency has 3 volunteers from Narcotics Anonymous (NA) providing a total of 300 volunteer hours to participants of the treatment program.

Description of Services	Number of Volunteers	Total Hours	Local Match Share
Alcoholics Anonymous (AA)	5	500	$4,300.00
Narcotics Anonymous (NA)	3	300	$2,580.00
		SUBTOTAL =	$6,880.00

NOTE: **The text entered under the** <u>**DESCRIPTION OF SERVICES**</u> **and the number entered under the** <u>**NUMBER OF VOLUNTEERS**</u> **column is how the line item will display on the Claim-Reimbursement form if your application is successful.**

J. VOLUNTEER MATCH JUSTIFICATION:

Volunteer Match Justification

Volunteer Match Justification

If volunteer match is not included in the budget, skip this section.

If volunteer match is included in the budget, provide justification for each type of volunteer (preferably in the order listed in the budget category):
- *description and justification to include, but not limited to, the number of volunteers that will be used*
- *the activities that they will be conducting*
- *when they will be conducting these activities (e.g. day, evening, weekends)*

If volunteer match is not included in the budget, skip this section.

If volunteer match is included in the budget, provide justification for each type of volunteer (preferably in the same order listed in the budget category):
- ❑ description and justification to include, but not limited to, the number of volunteers that will be used
- ❑ the activities that they will be conducting
- ❑ when they will be conducting these activities (e.g. day, evening, weekends)

K. TRAVEL/TRAINING:

Include any travel or training related costs for which funding is requested.

Travel or training related costs may include, but not be limited to: fleet vehicle fuel, fleet vehicle maintenance, airfare/baggage, airport parking, lodging, hotel parking, meals, registration/tuition fees, rental car and fuel, mileage, shuttles, taxis, tolls, etc.

Due to the uncertainty of shuttles, taxis, toll roads, and parking, a "Miscellaneous" line tied to a particular travel event can be included within the budget to lump these variable expenses.

Travel should be in the most direct, practical route with prudence to the use of federal/state funds! Travel is often part of the job and travel arrangements and payments are intended to be neutral to the Subrecipient with no advantage or benefit to the Subrecipient.

Per the [Department of Justice (DOJ), Office of Justice Programs (OJP) Financial Guide, Chapter 3.9 - Allowable Costs](), recipients and subrecipients must follow their own established travel policies, and only in the absence of an established travel policy shall the federal travel policy be utilized. The State of Missouri has an established travel policy. Because the Missouri Department of Public Safety is the state administering agency of the JAG monies, reimbursement of grant expenditures shall adhere to the travel policy adopted by the Missouri Department of Public Safety. Therefore, Subrecipients may be required to adhere to their local travel policy (per their department guidelines), but Subrecipients are encouraged to adhere to the state travel policy (where possible) because reimbursement of allowable grant expenditures will be handled pursuant to the current version of the "DPS Subrecipient Travel Guidelines", which can be found at https://dps.mo.gov/dir/programs/cjle/rsat.php.

Travel/Training

1. Itemize travel or training expenses by event or type. Repeat this step to include each expense.
2. Tuition or registration fees should be included on this form, but Consultant or Trainer Fees must be included under the Contractual budget category.
3. Travel must be by the most direct, practical route. The amount of mileage allowance shall not exceed the state's mileage allowance rate, which can be found at www.oa.mo.gov. Lodging expenses shall adhere to federal per diem rates, which can be found at www.gsa.gov. Meal expenses shall adhere to state per diem rates, which can be found at www.oa.mo.gov. Incidentals will not be allowed.
4. The Total Cost will automatically calculate as Unit Cost x Duration x Number x % of Funding Requested.
5. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.

Select the applicable travel-related cost to include in the budget. This field is necessary for DPS reports.

Category* [▼]

Identify the type of expense. If requesting training, enter the name of the training or conference followed by the cost type. Refer to the Grant Solicitation for examples.

Item* [   ]

Enter the amount or rate per month, mile, day, ticket etc. being requested. For airfare/baggage, enter the ticket price. For lodging, enter the daily room rate. For meals, enter the daily per diem rate. For fuel, enter the anticipated cost per day or month of travel. For mileage, enter the mileage rate. For further examples and instructions, refer to the Grant Solicitation.

Unit Cost* [$0.00]

Enter the number of months, miles, days, etc to represent the duration or frequency of the requested expense. If the expense is a one-time fee, enter 1. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.

Duration* [   ]

Enter the number of vehicles, people, rooms, etc. being requested for the expense.

Number* [   ]

Indicate the percentage of funding being requested. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested [   ]

Indicate the percentage of the travel/training-related expense to be attributed to the project's local match share. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

Local Match %* [   ]

The following is an example to aid in the completion of the Travel/Training budget form:

EXAMPLE – Agency requests to send 1 case manager to a conference hosted by the U.S. Substance Abuse and Mental Health Service Administration (SAMHSA). The applicant agency will be contributing 25% of the travel costs from non-grant sources and therefore is only requesting 75% funding from the grant for the following anticipated travel costs:
- airfare at an estimated cost of $400.00 and baggage fees at $50.00
- airport parking for 5 days at a cost of $8.00/day
- lodging for 4 nights at the federal GSA rate of $95.00/day + approximately $10.00/day in taxes and surcharges for a total of $105.00/day
- meals for 4 days at a state per diem rate of $40.00/day
- mileage allowance for driving a personal vehicle round-trip to the airport for 60 miles at $0.37/mile
- miscellaneous costs of $25.00 for shuttles, cabs, etc. if necessary
- registration costing $230.00

Category (Select from drop down box)	Item	Unit Cost (Amount or rate per mile, month, day, ticket)	Duration (Number of months, miles, days)	Number (Number of vehicles, people, rooms)	% of Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/ State Share
Airfare/ Baggage	SAMHSA Conf – Airfare/Baggage	$450.00	1	1	100	$450.00	25	$112.50	$337.50
Airport Parking	SAMHSA Conf – Airport Parking	$8.00	5	1	100	$40.00	25	$10.00	$30.00
Lodging	SAMHSA Conf - Lodging	$105.00	4	1	100	$420.00	25	$105.00	$315.00
Meals	SAMHSA Conf - Meals	$40.00	4	1	100	$160.00	25	$40.00	$120.00
Mileage	SAMHSA Conf – Mileage	$0.37	60	1	100	$22.20	25	$5.55	$16.65
Misc. Shuttles/	SAMHSA Conf – Misc. Shuttles/Taxis/Tolls/	$25.00	1	1	100	$25.00	25	$6.25	$18.75

Taxis/Tolls/ Parking	Parking								
Registration	SAMHSA – Registration	$230.00	1	1	100	$230.00	25	$57.50	$172.50
					SUBTOTAL =	$1,347.20		$336.80	$1,010.40

NOTE: **The text entered under the <u>ITEM</u> column, the number entered under the <u>NUMBER</u> column, and the percentage entered under the <u>% OF FUNDING REQUESTED</u> is how the line item will display on the Claim-Reimbursement form if your application is successful.**

L. TRAVEL/TRAINING JUSTIFICATION:

If **non-training/non-meeting travel costs** are included in the budget, address the following information for each cost (preferably in the order listed in the budget category):
- ❑ description of why the cost is necessary to the success of the proposed project
- ❑ rationale for the budgeted cost (e.g. clarifying the number of vehicles if the number exceeds the number of budgeted/known personnel, clarifying how the unit cost for fuel was derived)

If **training/meeting travel costs** are included in the budget, address the following information for each training/meeting (preferably in the order listed in the budget category):
- ❑ the location of the training/meeting (if unknown, clearly identify the location of the training/meeting is TBA)
- ❑ the date(s) of the training/meeting (if unknown, clearly identify the dates of the training/meeting is TBA)
- ❑ who will be attending the training/meeting
- ❑ a synopsis of the training/meeting
- ❑ anticipated benefit of the training/meeting, making sure to clarify why the training/meeting is pertinent to the person(s) attending.

If the person attending the training/meeting is not budgeted within the Personnel or Personnel Overtime budget category, be sure to also clarify who the person is, their role/job responsibilities with the proposed project, any experience possessed by the individual as it relates to the proposed project, and any certification the individual currently possesses as it relates to the proposed project.

M. EQUIPMENT:

Include any equipment for which funding is requested.

Equipment is defined as tangible, non-expendable (non-consumable) personal property having a useful life of more than one year and an acquisition cost of $1,000 or more per unit.

Items included in the Equipment budget category must be recorded and tracked in an inventory control list and tagged to reflect its source of funding, where possible.

The following is an example to aid in the completion of the Equipment budget form:

EXAMPLE – Agency requests to purchase 5 new drug test kits with mobile printers from DrugPro to be used for urinalysis testing as required by RSAT guidelines. The cost is estimated as $490.00, with $10.00 shipping. The applicant agency will be contributing 25% of the equipment cost from non-grant sources and therefore is only requesting 75% funding from the grant.

Item	Description	Unit Cost	Quantity	Source of Bid	% of Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/ State Share
Drug Test Kits with Mobile Printer	Cost includes shipping	$500.00	5	DrugPro	100	$2,500.00	25	$625.00	$1,875.00

NOTE: The text entered under the ITEM column, the number entered under the QUANTITY column, and the percentage entered under the % OF FUNDING REQUESTED is how the line item will display on the Claim-Reimbursement form if your application is successful.

N. EQUIPMENT JUSTIFICATION:

Equipment Justification

Equipment Justification

If equipment is not included in the budget, skip this section.

If equipment is included in the budget, provide the following for each budget line item (preferably in the same order listed in the budget category):
- *what is the item?*
- *how will the item be used?*
- *who will use the item?*
- *is the item a replacement to current equipment, in addition to current equipment, or something the agency doesn't currently have?*

If equipment is included in the budget, provide justification for each budget line (preferably in the same order listed in the budget category). Make sure, at a minimum, to address the following information:
- ❑ what is the item
- ❑ how will the item be used
- ❑ who will use the item
- ❑ whether the item is a replacement to current equipment, in addition to current equipment, or something the agency doesn't current have

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Equipment budget category to avoid discrepancies in the budget category and the budget justification.

O. SUPPLIES/OPERATIONS:
Include any supplies or operational costs for which funding is requested.

Supplies/Operations

1. List by type of supply or operational expense. To include more than one supply or operational expense, repeat this step for each budget item.
2. The Total Cost will automatically calculate as Unit Cost x Quantity x % of Funding Requested.
3. The Local Match Share will automatically calculate as Total Cost x Local Match %. The Federal/State Share will then automatically calculate as Total Cost less Local Match Share.

List each budget item by type of supply or operational expense. Refer to the Grant Solicitation included in the Instructions at the top of this page for examples.

Item*

Select the basis for cost estimate to reflect the frequency of the unit cost.

Basis for Cost Estimate*

Enter the amount or rate per day, month, quarter, year, person, etc. based on the frequency selected under Basis for Cost Estimate. If your agency expects a rate change during the project period in any operational expense, refer to the Grant Solicitation included in the Instructions at the top of this page for further instructions and examples.

Unit Cost* $0.00

Enter the requested number of months, days, people, units, etc. If the expense is a one-time cost, enter 1. Please note, this field is formatted to allow up to only 2 places behind the decimal point - a popup message will appear if more than 2 decimal places are entered.

Quantity*

Indicate the percentage of funding being requested for the supply/operational expense. For example, if funding is requested for only 50% of an item's total cost, enter 50. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

% of Funding Requested*

Indicate the percentage of the supply or operational expense to be attributed to the project's local match share. Please note, this field is formatted to allow up to only 4 places behind the decimal point - a popup message will appear if more than 4 decimal places are entered.

Local Match %*

The following are examples to aid in the completion of the Supplies/Operations budget form:

EXAMPLE 1 – Agency provides in-kind clothing for the 30 program participants at an estimated rate of $0.20 per day. This calculates to $6.00 per day x 365 days for all participants.

EXAMPLE 2 – Agency provides in-kind janitorial supplies for the 30 program participants at an estimated rate of $0.75 per day. This calculates to $22.50 per day x 365 days for all participants.

EXAMPLE 3 – Agency requests funding for journals and workbooks to be used in the treatment program at an estimated cost of $5.00 per participant. There are 30 participants scheduled to complete the program. Because the agency provides in-kind services indicated above, the applicant agency wants 100% of the cost to be factored to the project and will pledge 0% local match for this expense.

Item	Basis for Cost Estimate (Select from drop down box)	Unit Cost	Quantity	% of Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/ State Share
Clothing	Daily	$6.00	365	100	$2,190.00	100	$2,190.00	$0.00
Janitorial Supplies	Daily	$22.50	365	100	$8,212.50	100	$8,212.50	$0.00
Journals & Workbooks	One-Time	$5.00	30	100	$150.00	0	$0.00	$150.00
				SUBTOTAL =	$10,552.50		$10,402.50	$150.00

NOTE: The text entered under the ITEM column and the percentage entered under the % OF FUNDING REQUESTED is how the line item will display on the Claim-Reimbursement form if your application is successful. Therefore, be sure if requesting multiple quantities of an item, to include the quantity in the Item column.

P. SUPPLIES/OPERATIONS JUSTIFICATION:

If supplies/operations are included in the budget, provide the following justification for each expense (preferably in the same order listed in the budget category):
- ❏ why the supply or operational cost is necessary for the proposed project, making sure to clearly identify how the item will be used
- ❏ who will use (or benefit from) the supply or operational cost

If a rate change may occur during the project period for an operating expense and a separate line is

included in the budget to reflect such change, indicate the effective date of change and the reasoning for such change.

> **NOTE:** **It is recommended that agencies refrain from repeating the calculations outlined in the Supplies/Operations budget category to avoid discrepancies in the budget category and the budget justification.**

Q. CONTRACTUAL:
Include any contractual support or consultant services for which funding are requested.

The following are examples to aid in the completion of the Contractual budget form:

EXAMPLE 1 – Agency contracts for Case Management Services to 30 participants at an estimated cost of $25.00 per participant per week, for 52 weeks. This calculates to a total of $750.00 per week (30 people x $25 each). The applicant agency will be contributing 25% of the cost from non-grant sources and therefore is only requesting 75% funding from the grant.

EXAMPLE 2 – Agency contracts for Individual Counseling to 30 participants at an estimated cost of $20.00 per hour. Agency anticipates each individual will require approximately 40 hours of counseling during the program. This calculates to a total of 1200 hours of counseling (30 people x 40 hours each). The applicant agency will be contributing 25% of the cost from non-grant sources and therefore is only requesting 75% funding from the grant.

EXAMPLE 3 – Agency contracts for Substance Abuse Treatment assessments at an estimated cost of $100.00 per offender. Agency intends to provide treatment to 30 participants. The applicant agency will be contributing 25% of the cost from non-grant sources and therefore is only requesting 75% funding from the grant.

Item	Basis for Cost Estimate (Select from drop down box)	Unit Cost	Quantity	% of Funding Requested	Total Cost	Local Match %	Local Match Share	Federal/ State Share
Case Management Services (30)	Weekly	$750.00	52	100	$39,000.00	25	$9,750.00	$29,250.00
Individual Counseling (30)	Hourly	$20.00	1200	100	$24,000.00	25	$6,000.00	$18,000.00
Substance Abuse Assessments (30)	One-Time	$100.00	30	100	$3,000.00	25	$750.00	$2,250.00
				SUBTOTAL =	$66,000.00		$16,500.00	$49,500.00

NOTE: The text entered under the <u>ITEM</u> column and the percentage entered under the <u>% OF FUNDING REQUESTED</u> is how the line item will display on the Claim-Reimbursement form if your application is successful. Therefore, <u>be sure if requesting multiple quantities of an item to include the quantity in the Item column.</u>

R. **CONTRACTUAL JUSTIFICATION:**

Contractual Justification

Contractual Justification

If contractual or consultant services are not included in the budget, skip this section.

If contractual or consultant services are included in the budget, provide the following justification for each expense (preferably in the same order listed in the budget category):
- *why the item is necessary for the proposed project, making sure to clearly identify how the item is used*
- *who will benefit from the item*

If a rate change may occur during the project period for a contractual expense and a separate line is included in the budget to reflect such change, indicate the effective date of change and the reasoning for such change.

If contractual or consultant services are included in the budget, provide the following justification for each expense (preferably in the same order listed in the budget category):
- ❑ why the item is necessary for the proposed project, making sure to clearly identify how the item is used
- ❑ who will benefit from the item

If a rate change may occur during the project period for a contractual expense and a separate line is included in the budget to reflect such change, indicate the effective date of change and the reasoning for such change.

NOTE: It is recommended that agencies refrain from repeating the calculations outlined in the Contractual budget category to avoid discrepancies in the budget category and the budget justification.

FORM #5: STATEMENT OF THE PROBLEM
The purpose of this narrative form is to define the problem you will be attempting to impact with the project for which you are requesting funds. This information provides the grantor with a basic understanding of the problem(s) that the Project Agency faces and the issue(s) that will be addressed, as well as to provide facts to support the problem references.

On this form, in a narrative format, provide the following information:
- ❑ Identify the problem(s) being addressed by the use of the funds being requested.
- ❑ Include current facts and statistics on substance abuse issues to demonstrate a need for funding (i.e. rate of dependence in Missouri compared to United States, illicit drug use rates amongst teenagers and adults, number of prisoners with drug-related offenses, number of prisoners needing substance abuse treatment).
- ❑ Identify existing resources (or the lack thereof), demographic and geographic specifications, etc. to demonstrate a need for funding.

Statement of the Problem

Statement of the Problem*

Provide the following information to define the problem that you will be attempting to impact with the project for which you are requesting funds:

- *Identify the problem(s) being addressed by the use of funds being requested.*
- *Include current facts and statistics on substance abuse issues to demonstrate a need for funding.*
- *Identify existing resources (or the lack thereof), demographic and geographic specifications, etc. to demonstrate a need for funding.*

FORM #6: GOALS AND OBJECTIVES

The purpose of this narrative form is to explain the expectations for the proposed program. This information is necessary for the grantor to determine the probability of the project to meet its desired expectations and to provide a baseline by which to evaluate the success of the project.

On the form, in an outline format, identify the project's goals and beneath each goal, the project's objectives to meet the identified goal.

- **Goals** are the program's general desired results. The goals should be clearly stated, realistic and achievable, even if they are not readily measurable.

- **Objectives** are the intermediate results or accomplishments to achieve each goal. The objectives must be both measurable and achievable. To be measurable, the objectives should include a clear baseline (e.g. deadline, timeline, quantity, etc.) by which to later evaluate whether or not the objective was achieved.

Goals and Objectives

Goals and Objectives*

Explain your expectations for the proposed program.

Goals are the program's desired results. The goals should be clearly stated, realistic and achievable, even if they are not readily measurable.

Objectives are the intermediate results or accomplishments to achieve each goal. The objectives must be both measurable and achievable.

Path: Words: 0

NOTE: **Ensure the goals and objectives provided are clearly articulated and capable of being measured because if the project is awarded, subrecipients will be required to report against these goals and objectives. If the project is a continuation, the project does not have to have the same goals and objectives each year. In fact, projects are encouraged to change their goals and objectives to adjust to changes in project services and/or to strive for greater achievements.**

FORM #7: TYPE OF PROGRAM

The purpose of this narrative form is to identify the purpose area for which funds are requested, the general program that will be implemented, and how the anticipations of the project conform to the purpose area. The details provided should be specific and are used by the grantor to ensure the project fits within the parameters of the RSAT program and the identified purpose area.

On this form, in a narrative format, provide the following information:

❑ Identify the project's purpose area: 1) Aftercare, 2) Jail-Based Treatment, or 3) Residential.
❑ Define the services to be provided by the project and identify the evidence-based practice being proposed for implementation. Identify and discuss the evidence that shows that the practice is effective, discuss the population(s) for which this practice has been shown to be effective, and show that it is appropriate for the proposed target population. Refer to the "General Grant Guidelines-Eligible Program Areas" section of this solicitation for more information.
❑ Indicate who will provide the services provided by the project.
❑ Describe how the identified services will be offered, to include information that identifies how the propose project will meet the criteria of the eligible purpose area.

Give as much detail as possible about your proposed project. Flow charts and outlines to support this narrative description may be included on the "Other Attachments" application form.

FORM #8: PROJECT IMPLEMENTATION

The purpose of this narrative form is to describe the implementation plan for the proposed project. This information is necessary by the grantor to ensure the project can and will be fully operational shortly after the project period start date. Flow charts and outlines to support this narrative description may be included on the "Other Attachments" application form but shall not substitute for the completion of this narrative form.

If the proposed project is new, in a narrative format, explain the actual steps that will be taken to use the resources requested in your application to implement the program. Provide a timeline for having the requested budget items in place so that the project may be considered fully operational (e.g. if personnel are requested, provide details about the hiring process and an anticipated start date, or if equipment is requested, provide details about the bid, procurement, installation, and training processes).

If the proposed project is a continuation or enhancement, in a narrative format, explain how current efforts will be continued or actions will be taken to add additional services/activities.

FORM #9: SUPPLANTING

The purpose of this narrative form is to address the issue of supplanting. Supplanting is defined as taking the place of or replacing with something else. Supplanting is strictly unallowable under this grant program. Federal/state funds cannot be awarded towards budget items that are and will continue to be funded by another source of money. Federal/state funds shall only be used to supplement existing federal funds for program activities, and as a result, the grantor must collect this information to ensure supplanting does not exist. Potential supplanting will be the subject of justification provided in the grant application and monitoring by the Missouri Department of Public Safety.

On this form, in a narrative format, describe whether or not other federal, state, or local funds are available to the applicant agency for the purpose of the requested funding. Be specific!

If any of the following factors apply to the proposed project, provide information to address those factors that apply:

❑   If other federal, state, or local monies are available, please address why RSAT funding is being requested.

> **NOTE: All applicant agencies have a local operating budget (whether it is sufficient or not) and as such would need to address why RSAT funding is being requested for the project.**

❑   If the application includes existing costs (e.g. funded by an existing source of monies), explain how those costs are currently being funded and if and when the funding source will cease.

> **NOTE: Existing costs include, but are not limited to, costs for continuation projects currently funded by RSAT. Need to clearly identify the existence of such financial assistance and when such grant funds cease.**

❑   If program income is anticipated or could be generated as a result of the grant-funded project, explain how those monies will not supplant RSAT funds.

Examples of non-supplanting:

1. For FY 2019, City A appropriates a total of $500,000 for correctional activities, including salary and benefits for 10 substance abuse treatment providers. In FY 2019, City A is awarded federal RSAT funds, which it

uses to hire 1 residential substance abuse case manager, in addition to the 2 case managers hired with local funds. City A expends all of the $500,000 in local funds appropriated for FY 2019 for correctional activities.

In this scenario, City A has not used RSAT funds to supplant local funds, but rather has used the funds "to increase the amount of funds that would, in the absence of federal funds, be made available for correctional activities".

2. For FY 2019, City B appropriates a total of $500,000 in local funds for correctional activities, of which $15,000 is budgeted for upgraded urinalysis testing equipment. In FY 2019, City B is awarded federal RSAT funds. It uses the federal funds to purchase the upgraded equipment and uses the $15,000 in local funds originally budgeted for equipment to hire a part-time aftercare services consultant. Total expenditures of local funds for correctional activities remain constant.

Despite the fact that local funds were shifted from equipment to hiring, the amount of local funds that would, in the absence of federal funds, be made available for correctional activities has not changed.

3. For FY 2019, City C appropriated $1 million in local funds for correctional activities, including salary and benefits for 10 substance abuse treatment providers. Due to anticipated revenue shortfalls in FY 2020, City C intends to lay off 2 substance abuse treatment providers at the end of the FY 2019 (facts that City C is able to substantiate). In FY 2019, City C is awarded federal RSAT funds, which is proposed to use for the hiring of 2 substance abuse treatment providers. For FY 2020, City C appropriates funds to pay salary and benefits of 8 substance abuse treatment providers. At the start of FY 2020, City C lays off 2 of its 10 substance abuse providers and uses federal RSAT funds to continue the salary and benefits for the other 2 substance abuse providers.

In this scenario (which assumes that City C can document that the planned layoff of 2 substance abuse treatment provider was not made in anticipation of the availability of federal funds), City C will use RSAT funds to pay the salary and benefits for 2 substance abuse treatment providers who would have been laid off but for the availability of federal funds. Local funding for correctional activities has been reduced, but not because of the availability (or anticipated availability) of RSAT funds.

4. State X's initial FY 2019 appropriation for correctional activities is sharply reduced due to an across-the-board cut in the State budget. This results in a hiring freeze. When State X receives federal RSAT funds, it uses the funds to fill 2 substance abuse treatment positions that were included in the initial budget but were vacant and unfunded due to the hiring freeze.

The total amount of state funds available for correctional activities in State X has been reduced but not because of the availability (or anticipated availability) of federal RSAT funds.

Examples of supplanting:
1. For FY 2019, State Y budgeted $50,000 in state funds to be used for renovation of the treatment building. Later in FY 2019, in response to the availability of federal RSAT funds, the State determines that it will use RSAT funds for the treatment building renovation, and will use the funds the State had budgeted for the building renovation instead to provide health services for infants and children. No additional state funds were added to the State's budget in any other correctional category.

There would have been a decrease in the amount of funds that would, in the absence of RSAT funds, be made available for correctional activities.

2. For FY 2019, County A budgeted $500,000 in local funds to be used for correctional activities, including salary and benefits of 10 substance abuse treatment personnel. Later in FY 2019, in response to the availability of RSAT funds, the County determines that it will use the federal RSAT funds for the salaries and benefits of 2 of the existing treatment personnel and will use the funds the County had budgeted for salaries and benefits instead to purchase new voting machines in preparation for the upcoming election.

There would have been a decrease in the amount of funds that would, in the absence of RSAT funds, be made available for correctional activities.

Documentation and Record Retention: If circumstances raise a question of possible supplanting, the state or unit of local government should retain whatever documentation is produced during the ordinary course of government business that will help substantiate that supplanting has not occurred. Depending on the circumstances, relevant documents might include annual appropriations acts, executive orders directing broad reductions of operating budgets, or city or county council resolutions or meeting minutes concerning budget cuts and layoffs.

FORM #10: EVALUATION PROCEDURES

The purpose of this narrative form is to describe the process to be used to determine the effectiveness and success of your program. This information is necessary for the grantor to determine if, and how, the applicant will oversee the proposed project to ensure its success.

On this form, in a narrative format, provide the following information to describe the process to be used:
- ❑ What type(s) of data will be collected? Be specific! Evaluation data may include, but not be limited to, arrest rates, surveys, rates of recidivism, client satisfaction evaluations, prosecution rates, pre- and post-testing, etc.
- ❑ Who will evaluate the collected data?
- ❑ How often will the collected data be evaluated?

If you will be using a survey or evaluation form, it may be included on the "Other Attachments" application form but shall not substitute for the completion of this narrative form.

FORM #11: REPORT OF SUCCESS

The purpose of this narrative form, if applicable, is to determine if the proposed project met the goals and objectives of its currently funded project. This information is important to the grantor to determine if the project warrants continued funding and/or a re-examination of the project's goals and objectives.

If the proposed project is not currently being supported with 2018 RSAT funds, put N/A on this form.

If the proposed project is currently being supported with 2018 RSAT funds, in an outline format, restate the goals and objectives verbatim from your current 2018 RSAT subaward as listed in your approved application. After each objective listed, provide information regarding results attained during the identified timeframe. You may include any reports, surveys, or other measurement tools that support the success of your project on the "Other Attachments" application form, but any attachments shall not substitute for the completion of this narrative form.

FORM #12: CERTIFICATION OF LOCAL MATCH
The purpose of this form is to identify the amount of local match to be contributed towards this project and to assure the source of local match conforms to the definitions and standards established by the grant program.

Applicants must identify the contributing agency's name, source of matching funds, and amount. If an applicant has multiple contributors and/or sources of local match, each source must be identified separately.

If in-kind or volunteer match was identified in the "Budget" application form, it must be identified on this form as well. The total amount pledged on the Certification of Local Match form must match the Total Local Match Share reflected on the "Budget" application form.

Refer to the "General Grant Guidelines-Local Match Requirement" section of this solicitation for more information regarding local match requirements and allowable/unallowable sources of local match.

FORM #13: AUDIT REQUIREMENTS
The purpose of this form is to gather general audit information relating to the applicant agency. As a recipient of federal/state funds, applicants are expected to have financial responsibility in the usage of monies and the record keeping of documentation.

Audit Requirements

Date last audit was completed:*	
Date(s) covered by last audit:*	
Last audit performed by:*	
Phone number of auditor:*	
Date of next audit:*	
Date(s) to be covered by next audit:*	
Next audit will be performed by:*	

Total amount of financial assistance received from all entities, including the Missouri Department of Public Safety, during the date(s) covered by your agency's last audit, as indicated above.

*The **Federal Amount** refers to funds received directly from the Federal Government or federal funds passed through state agencies in the form of grants, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance.*

*The **State Amount** refers to funds received directly from the State of Missouri, not including federal pass-thru funds, in the form of grants, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance.*

Federal Amount:*	$0.00
State Amount:*	$0.00

The form will collect the following information:

- Date Last Audit was Completed: enter the month and year (at a minimum) in which the last audit report was completed/released
- Date(s) Covered by Last Audit: enter the date range (e.g. mm/dd/yyyy – mm/dd/yyyy) covered by the last completed audit
- Last Audit Performed By: enter the name of the auditing company/firm that performed the last audit
- Phone Number of Auditor: enter the telephone number of the auditing company/firm that performed the last audit
- Date of Next Audit: enter the month (if known) and year in which the next audit report will be completed/released; enter TBD if unknown
- Date(s) to be Covered by Next Audit: enter the date range (e.g. mm/dd/yyyy – mm/dd/yyyy) to be covered by the next completed audit; enter TBD if unknown
- Next Audit will be Performed By: enter the name of the auditing company/firm that will perform the next audit; enter TBD if unknown
- Federal Amount: enter the total amount of federal financial assistance (i.e. grant monies, loan guarantees, property, cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance) received during the last audited period. The Federal Amount should relate directly to the timeframe identified in the Date(s) Covered by Last Audit field and should be pulled directly from the Schedule of Expenditures of Federal Assistance (SEFA) section of the published audit report.
- State Amount: enter the total amount of state financial assistance (i.e. grant monies, loan guarantees, property, cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance) received during the last audited period. (Unlike the Federal Amount that can be pulled directly from the last published audit report, the State Amount may need to be compiled through other means.)

Per the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP) Financial Guide, Chapter 3.19 – Audit Requirements, units of government that have expended $750,000 or more in federal funds (from all sources including pass-thru subawards) in their organization's fiscal year (12-month turnaround reporting period) are required to arrange for a single organization-wide audit conducted in accordance with the provisions of Title 2 C.F.R. Subpart F (200.500 et seq.). Regardless if the applicant meets the criteria to have an organization-wide audit, this form must still be completed.

NOTE: Do not attach a copy of the latest audit report at the time of application. A copy must be submitted within 60 days of the project period start date via the "Correspondence" component of the grant within WebGrants if the total reported in the Federal Amount field equals or exceeds $750,000.

Refer to the "DPS Financial and Administrative Guide", which can be found at https://dps.mo.gov/dir/programs/cjle/rsat.php, for more information regarding audit responsibilities.

FORM #14: OTHER ATTACHMENTS

The purpose of this form is to allow the applicant to attach any other documents applicable to the proposed project or available to support information provided within an application form. Other attachments may include, but not be limited to, vendor quotes for goods or services, letters of support, flow chart of project implementation, a survey that will be used in the evaluation of the project, etc.

NOTE: If your project does not have "other attachments", just click 'Mark as Complete' and proceed with the submission of the application.

Other Attachments		Mark as Complete	Go to Application Forms
Description	File Name	File Size	Delete?
			Last Edited By:

The Missouri Department of Public Safety can support the following file types: Word (*.doc, *.docx), Excel (*.xls, *.xlsx), PowerPoint (*.ppt, *.pptx), Publisher (*.pub), Adobe PDF (*.pdf), Photos (*.bmp, *.jpg, *.jpeg, *.jpe, *.asp, *.tif, *.wmf) and similar commonly used programs. If you attach a file type that the Missouri Department of Public Safety does not have software to open or the file is corrupted and cannot be opened, the attachment may not be considered.

FORM #15: CERTIFIED ASSURANCES

This component of the application requires the Authorized Official to attest to the compliance of all conditions relating to the grant program and the proposed project, as applicable. The typed name, in lieu of a signature at the time of application, represents the legal binding acceptance of the terms of the application and statement of the veracity of the representations made in the application.

Certified Assurances

To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:

2019 RSAT Certified Assurances

I am aware that failure to comply with any of the Certified Assurances could result in funds being withheld until such time that I, the recipient, take appropriate action to rectify the incident(s) of non-compliance. Where the Authorized Official is unable to certify to any of the statements in the Certified Assurances, he or she shall provide an explanation below and may attach documentation under the 'Other Attachments' form where needed.

I have read and agree to the terms and conditions of the grant.* ○ Yes ○ No

If you marked No to the question above, please explain:

Your typed name as the applicant authorized official, in lieu of signature, represents your legal binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application.

Authorized Official Name:*

Job Title:*

Date:*

NOTE: The name provided on this form must match the name listed as the Authorized Official on the "Contact Information" application form to constitute a valid application. Only the proper Authorized Official has the authority to bind the unit of state or local government into a contract

with the Missouri Department of Public Safety. As a result, an application may automatically be denied if the incorrect Authorized Official name is provided. In addition, the Date must be current and reflective of the last edited date of the application. Because the signature of the Authorized Official represents the veracity of the representations made in the application, the signature date should not be prior to the last edited date of the forms, with the exception of the Certified Assurances form. Likewise, the signature date should not be after the submission date of the application.

III. SUBMITTING AN APPLICATION:

The Applicant shall submit all data as requested and required within the application forms. Failure to submit all required, requested data could disqualify the proposal from further consideration. **Applicants will not be contacted if they fail to submit all required, requested data.**

Once all the application components are 'Marked as Complete', please review the application by clicking the 'Preview' button. You may print a copy of the application from the preview screen or save an Adobe PDF copy of the application.

Once you feel the application is ready for submission, click the 'Submit' button. A confirmation screen will appear which may be printed for your records if you feel it necessary. The individual selected as the Primary Contact in the "General Information" form of the application will receive a confirmation email of submission from dpswebgrants@dps.mo.gov.

Applications must be submitted through WebGrants no later than 5:00 p.m. on Wednesday, April 24, 2019. Proposals cannot be submitted after this date and time so applicants are encouraged to begin the process immediately to meet the application deadline. Applications submitted through any means other than WebGrants will not be considered for funding.

If the applicant determines prior to the application deadline that **revisions are necessary to any form** of the application, the applicant must **contact the Missouri Department of Public Safety by email prior to the deadline** to have the application unlocked. The email should be sent to dpswebgrants@dps.mo.gov and should clearly indicate which form(s) to be re-opened for the necessary change(s). The applicant should ensure the application is resubmitted by the stated deadline. Once the application deadline has lapsed, the resubmitted application may be disqualified from further consideration.

If the applicant experiences unforeseen **technical WebGrants issues** beyond the applicant's control that prevent submission of its application by the deadline, the applicant must **contact the Missouri Department of Public Safety staff by email within 24 hours after the deadline** and request approval to submit the application. The email should be sent to dpswebgrants@dps.mo.gov and must include a description of the technical difficulties, a timeline of submission efforts, a screenshot of the error code, and any other information as necessary to report the problem experienced. The Missouri Department of Public Safety will consider all submitted information to determine if the application will be accepted.

POST-APPLICATION INFORMATION

I. APPLICATION REVIEW:

A review panel of internal staff members of the Missouri Department of Public Safety, Office of the Director, Criminal Justice/Law Enforcement (CJ/LE) Unit and external members with experience in substance abuse treatment and/or mental health will evaluate all applications. In evaluating each application, the review panel will consider the following factors:

- ❑ Demonstration the proposed project fits within the parameters of the RSAT Program.
- ❑ Demonstration of need including geographic location, local demographics, local statistics, other programs and/or resources available to the applicant agency, etc.
- ❑ Adequate correlation between the cost of the project and the objective(s) to be achieved.
- ❑ Probability of project to meet identified goal(s) and objective(s).
- ❑ Overall description of the intended use of the grant funds.
- ❑ Demonstration that the RSAT funds will not be used to supplant other federal, state, or local funds.
- ❑ Compliance with state statutory reporting requirements to include, but not limited to, Racial Profiling and Federal Forfeiture reporting.
- ❑ Legally binding signature by the proper Authorized Official on the "Certified Assurances" form of the submitted application.
- ❑ Available funding for the RSAT Program.

II. FUNDING NOTIFICATION:

With the approval of the Director of the Missouri Department of Public Safety (or his/her designee), applicants will be notified via WebGrants of the decisions made by the review panel approximately 1-3 weeks following the Review Meeting. (The Review Meeting is scheduled for May 21, 2019.) The notification will be sent from dpswebgrants@dps.mo.gov to the person listed as the Primary Contact on the "General Information" form of the application.

Applications may be approved as requested, approved with revisions (in full or in part), or disapproved. Applicants will be provided with the rationale behind the CJ/LE's decisions.

Please be patient as the review process can be rather tedious and time consuming. Funding notifications will not be released through any other means than WebGrants so do not contact the Missouri Department of Public Safety to try to obtain information before it is released!

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PROGRAM-SPECIFIC GRANT GUIDELINES

</div>

I. DPS FINANCIAL AND ADMINISTRATIVE GUIDE

Subrecipients must adhere to the applicable guidelines outlined in the "DPS Financial and Administrative Guide", which can be found at https://www.dps.mo.gov/dir/programs/cjle/rsat.php.

II. DPS SUBRECIPIENT TRAVEL GUIDELINES

If travel/training costs are approved within the budget, the Subrecipient must adhere to the applicable guidelines outlined in the "DPS Subrecipient Travel Guidelines", which can be found at https://www.dps.mo.gov/dir/programs/cjle/rsat.php.

III. CHANGE IN PERSONNEL:

Notification of personnel changes must be communicated to the Missouri Department of Public Safety via the "Correspondence" component of the grant within WebGrants using the *Change of Information Form* (Appendix A)*.

The completed *Change of Information Form* must be submitted as an attachment to the Correspondence. Additional information not captured in the *Change of Information Form* may be supplied in the message of the Correspondence, but the message of the Correspondence shall not substitute for the Subrecipient's requirement to complete the *Change of Information Form*.

A. My Profile

1. Removing an Individual
If an individual needs to be removed as a registered user for the Organization, please notify the Missouri Department of Public Safety, within a timely manner, so the individual can be properly disassociated with the organization's profile and removed from all contact lists.

Do not remove a registered user, and do not re-use a prior employee's profile!

The Missouri Department of Public Safety will make the necessary change(s) and will notify the Subrecipient when the change(s) have been completed.

2. Adding an Individual
If an individual needs to be added as a registered user for the Organization, first complete the registration form in the "My Profile" module of WebGrants. Do not re-use a prior employee's profile!

Notify the Missouri Department of Public Safety once the registration is complete so the individual can be added to the proper contact lists.

The Missouri Department of Public Safety will make the necessary change(s) and will notify the Subrecipient when the change(s) have been completed.

B. Contact Information
Changes in or temporary absence of the Authorized Official, Project Director, Fiscal Officer, and/or Officer in Charge as listed on the "Contact Information" component of the grant within WebGrants must be communicated to the Missouri Department of Public Safety, within a timely manner.

The Missouri Department of Public Safety will edit the "Contact Information" component based on the notification and will notify the Subrecipient when the change(s) has been completed.

C. Budget

Changes in grant-funded personnel as listed on the "Budget" component of the grant within WebGrants must be communicated to the Missouri Department of Public Safety, in a timely manner.

The Missouri Department of Public Safety will edit the "Budget" component based on the notification and will notify the Subrecipient when the change(s) has been completed.

IV. REPORTING REQUIREMENTS:

A. Claims

Recipients of RSAT funds are required to submit a <u>monthly</u> Claim report in WebGrants to verify actual cash expenditures and request reimbursement of those expenditures. A Claim report must be submitted each month, until the project is programmatically and financially completed, even if there are no expenditures to claim. Only one Claim report may be submitted per month.

<u>Claim reports are due no later than the 10th day following the reporting period of each month</u>. This deadline is subject to change only if the 10th falls on a state holiday or weekend, in which case the deadline is extended to the next business day. The following is the Claim report schedule:

Claim ID Number	Reporting Period	Due Date
001	07/01/2019 – 07/31/2019	August 12, 2019
002	08/01/2019 – 08/31/2019	September 10, 2019
003	09/01/2019 – 09/30/2019	October 10, 2019
004	10/01/2019 – 10/31/2019	November 12 2019
005	11/01/2019 – 11/30/2019	December 10, 2019
006	12/01/2019 – 12/31/2019	January 10, 2020
007	01/01/2020 – 01/31/2020	February 10, 2020
008	02/01/2020 – 02/29/2020	March 10, 2020
009	03/01/2020 – 03/31/2020	April 10, 2020
010	04/01/2020 – 04/30/2020	May 11, 2020
011	05/01/2020 – 05/31/2020	June 10, 2020
012	06/01/2020 – 06/30/2020	July 10, 2020
013 (if applicable)	07/01/2020 – 07/31/2020	August 10, 2020
014 (if applicable)	08/01/2020 – 08/31/2020	September 10, 2020

Failure to submit the required report on a monthly basis, by the due date, may result in delay of reimbursement until the following month and/or cancellation of the subaward if the delinquency becomes problematic.

The Claim report will consist of the following five (5) forms:

1. **General Information** - - used to identify the reporting period (as outlined in the above schedule) and the type of report (monthly).

2. **Detail of Expenditure** - - used to identify the pay date, pay check number, payee, description, total cost, percent of funding requested, and amount claimed to grant for reimbursement per cost activity; this data is collected on an Excel spreadsheet and the file uploaded to the report form.

3. **Reimbursement** - - used to identify the Federal/State Share and Local Match Share, as applicable, per budget line; the totals identified on this form are aggregate totals from the *Detail of Expenditure Form*.

4. **Program Income** - - used to identify any monies earned and/or expended as a result of the grant-funded project. Program income is revenue/income generated as a direct result of an agency-funded project. Program income must be used for the purposes of and under the conditions applicable to the award. Unless specified otherwise, program income shall be expended within the project period.   For more information regarding program income, refer to the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP) Financial Guide, Chapter 3.4 - Program Income.

5. **Attachments** - - used to upload copies of documentation to support the expenditures, as required. The following documentation is required:

    o   If requesting reimbursement for personnel, personnel benefits, personnel overtime, or personnel overtime benefits, documentation of such costs must be provided. This includes, but is not limited to, 1) a payroll report or paystub outlining the paid wages and employee deductions and/or employer benefits and 2) a rate sheet for any fringe benefit for which reimbursement is requested but not displayed on the payroll report or paystub.

    o   If requesting reimbursement for travel/training costs, receipts must be provided. For meals incurred during travel, which do not require receipts under the state travel policy, a substitute document could be an employee expense report detailing the meal costs per day. In addition, a copy of the 'certificate of attendance' or similarly issued attendance record must be provided for training costs. If a certificate is not provided by the trainer, a memo or letter must be provided as a substitute.

    o   If requesting reimbursement for equipment, a copy of the vendor invoice or receipt must be provided displaying the vendor name, order date and/or invoice date, the quantity, the item description, and the unit cost and/or extended cost.

    o   If requesting reimbursement for supplies, operating costs, contractual costs, or consultant services, a copy of the vendor invoice or receipt must be provided displaying the vendor name, order date and/or invoice date, the nature of the costs, and the unit cost and/or extended cost.

    NOTE: The Missouri Department of Public Safety may request additional documentation be submitted with the Claim report for purposes of desk monitoring the reimbursement of expenditures. Each RSAT Subrecipient will receive a site visit during the project period (unless extenuating circumstances prevent such), but any documentation that can be submitted with the Claim will lessen the site visit burden at a later date.

Reimbursement funds will be disbursed approximately the 25th day of each month. Recipients may track payments within the WebGrants system but obtain exact payment information through the Missouri Vendor Services Portal at https://www.vendorservices.mo.gov/vendorservices/Portal/default.aspx. Click

"Vendor Payment" in the green toolbar. Select FEIN and enter your agency's Federal Tax ID Number (FEIN). You may then search for a payment by 1) Invoice Number, 2) Check/EFT Number, 3) Dollar Amount, or 4) Date/Location. The prefix of a Payment Number for RSAT disbursements will be PG029.

B. **Performance Measurement Tool (PMT) Reports**

Recipients of RSAT funds are also required to submit <u>quarterly</u> PMT Reports via the federal online system at https://bjapmt.ojp.gov. This reporting mechanism was implemented by the Office of Justice Programs, Bureau of Justice Assistance (BJA) as a means to collect financial and statistical data relating to the subaward of JAG funds.

<u>PMT Reports are due no later than the 15th day following the reporting period of each quarter</u>, until the project is programmatically and financially completed.   This deadline is subject to change only if the 15th falls on a state holiday or weekend, in which case the deadline is extended to the next business day. The following is the PMT report schedule:

PMT Report Schedule	Reporting Period	Due Date
Quarter 1	07/01/2019 – 09/30/2019	October 15, 2019
Quarter 2	10/01/2019 – 12/31/2019	January 15, 2020
Quarter 3	01/01/2020 – 03/31/2020	April 15, 2020
Quarter 4	04/01/2020 – 06/30/2020	July 15, 2020

Failure to submit the required report on a quarterly basis, by the due date, may result in the delay of reimbursement until the report is received and/or cancellation of the subaward if the delinquency becomes problematic.

Log-on information and report instructions for the PMT system will be provided to each Subrecipient.

V. **SUBAWARD ADJUSTMENTS:**

A. **Budget Revisions**

A Subaward Adjustment for a budget revision must be submitted for the following requests:
- o Transfer of funds from one budget line/category to another budget line/category to cover increases in cost
  NOTE: The Missouri Department of Public Safety allows Subrecipients to request reimbursement up to a 10% increase in the budget line without prior approval. For example, if a Fuel line is budgeted for $5,000, a 10% increase would account for $500. Therefore, the Subrecipient can claim costs up to $5,500 (so long as monies exist in the budget) without prior approval through a budget revision. Costs exceeding 10% will be subject to review by the Missouri Department of Public Safety and may or may not be allowed depending on the availability of funds and/or the length of project period remaining in the award.
- o Addition of a new budget line item in any budget category
- o Increase in the quantity of a line item in any budget category (e.g. increase from 5 months to 6 months for medical insurance coverage, increase from the purchase of 2 drug test kits to 3 drug test kits)

Subrecipients shall submit a request via the "Subaward Adjustment" component of the grant within WebGrants in the event a budget revision is necessary. The Missouri Department of Public Safety will

review the request and 'negotiate' the "Budget" component of the grant for edits if the request is allowable. Once all necessary edits are made, the Missouri Department of Public Safety will prepare a *Subaward Adjustment Notice* (Appendix C), which will be subject to review and approval by the Director (or his/her designee) of the Missouri Department of Public Safety.

NOTE: A Subaward Adjustment for a budget revision should be submitted at least 30 days prior to the proposed change and will not be allowed after April 30, 2020.

B. Program Revisions

A Subaward Adjustment for a program revision must be submitted for the following requests:
- o   Change in the applicant agency/subrecipient name
- o   Change in the project site
- o   Change in the project service area
- o   Change in the scope of programmatic activities
- o   Change in the general purpose of the grant

Subrecipients shall submit a request via the "Subaward Adjustment" component of the grant within WebGrants in the event a program revision is necessary. The Missouri Department of Public Safety will review the request and follow-up depending on the type of program revision. Once all necessary documents are collected, the Missouri Department of Public Safety will prepare a *Subaward Adjustment Notice* (Appendix C), which will be subject to review and approval by the Director (or his/her designee) of the Missouri Department of Public Safety.

NOTE: A Subaward Adjustment for a program revision should be submitted at least 30 days prior to the proposed change and will not be allowed after April 30, 2020.

VI. MONITORING:
The Missouri Department of Public Safety will monitor all subawards to ensure appropriate fiscal and program records are being maintained. Monitoring is designed to provide assistance to the Subrecipients both from a technical and programmatic standpoint, as well as to provide the Missouri Department of Public Safety with the necessary information to ensure the Subrecipient's compliance with state and federal laws, regulations, and guidelines.

Desk monitoring will consist of tracking telephone and email communication, as well as reviewing all grant documents and correspondence submitted to the Missouri Department of Public Safety. The Subrecipient may be required to submit monitoring information in writing to the Missouri Department of Public Safety, as requested.

Site visit monitoring will consist of a visit to the Subrecipient's office(s) to review policies and other records, as applicable to the subaward. The Missouri Department of Public Safety will perform at least one site visit to each Subrecipient during the project period (or shortly thereafter if extenuating circumstances exist). A Site Visit Monitoring Report, which will be provided to the Subrecipient prior to the visit, will be completed by the Missouri Department of Public Safety during the site visit. The Site Visit Monitoring Report will be used as a tool to determine the progress of the project in achieving its purpose and ensuring the project is adhering to program guidelines. The following information and records may be subject to review, as applicable, at the time of the site visit:

❑   Personnel manuals, Standard Operating Procedures (SOPs), or similar policies regulating the Subrecipient and the approved project

- ❑ Personnel files for grant-funded personnel
- ❑ Training plan for grant-funded personnel
- ❑ Timesheets and payroll records for grant-funded personnel
- ❑ Personnel files, training plans, and timesheets for volunteers
- ❑ Invoices/receipts for all grant-funded expenditures
- ❑ Bid records for grant-funded equipment
- ❑ Sole source procurement, and subsequent approval where applicable
- ❑ Inventory listing and tags for grant-funded equipment
- ❑ Contractual agreements for each grant-funded contractual service
- ❑ Local procurement and travel policies, as applicable
- ❑ Internal controls
- ❑ Where applicable, compliance with law enforcement agency state statutes:
  - Uniform Crime Reports: Section 43.505 RSMo
  - Racial Profiling Report: Section 590.650 RSMo
  - Federal Forfeiture Report: Section 513.653 RSMo
  - Recording of Custodial Interrogations: Section 590.700 RSMo
  - Forwarding Arrest Information from Intoxication-Related Traffic Offenses: Section 43.544 RSMo
- ❑ Compliance with federal civil rights laws
  - Equal Employment Opportunity Plan (EEO Utilization Report and/or Certification Form)
  - Non Discrimination in delivery of services and hiring practices
  - Grievance procedures
  - Reporting findings of discrimination
  - Access services to persons with limited English proficiency (LEP)
- ❑ Compliance with state civil rights laws
  - Unlawful Employment Practices: Section 213.055 RSMo
  - Discrimination in Public Accommodations: Section 213.065 RSMo
- ❑ Other information pertinent to the federally-funded project

APPENDIX A

CHANGE OF INFORMATION FORM

The *Change of Information Form* must be used to identify changes in personnel during the project period. The *Change of Information Form* must be sent as an attachment in the "Correspondence" component of the grant within WebGrants. Any other information not collected on this form may be provided in the message of the Correspondence.

MISSOURI DEPARTMENT OF PUBLIC SAFETY
CRIMINAL JUSTICE/LAW ENFORCEMENT (CJ/LE) UNIT

CHANGE OF INFORMATION FORM

Date: _____

Subrecipient Name:		Subaward Number:	
Contact Person:		Phone Number:	

If the change affects multiple subawards, please complete a form for each subaward and submit via the Correspondence component of each subaward.

Is the following change(s) as a result of criminal activity? ☐ Yes ☐ No

MY PROFILE/CONTACT INFORMATION

If the change affects the My Profile module and/or the Contact Information grant form, please complete the following. If the change does not affect the My Profile module and/or the Contact Information grant form, skip this section.

Complete the following 2 fields if an individual needs to be removed. Skip this section if a person is not being removed.

Name of Individual Being Removed:		Last Date of Employment :	

Complete the following fields if an individual needs to be added. Skip this section if a person is not being added.

Name of Individual Being Added:		Job Title:	
Mailing Address:			
Street Address: *(if different than the mailing address)*			
City:		Zip Code:	
Email:			
Phone:		Ext:	
Fax:			

If communicating an addition, has the individual been added as a registered user in WebGrants via the "My Profile" module?	☐ Yes, and please select as a grant contact and add to the appropriate distribution list
	☐ Yes, but please do not add as a grant contact or to the distribution list
	☐ No, the individual will not have access to WebGrants and therefore was not added

BUDGET

If the change affects the Budget form, please complete the following. If the change does not affect the Budget form, skip this section.

Name of Individual Being Removed:	Last Date of Employment : {m/d/yyyy}	Individual Being Added: (if unknown, list as TBH)	Hire Date: {m/d/yyyy}

Provide a brief summary of the new individual's experience, certifications, and job responsibilities for the Budget – Personnel Justification section:

SUBMIT THIS FORM AS AN ATTACHMENT TO YOUR DPS INTERNAL CONTACT VIA THE 'CORRESPONDENCE' COMPONENT OF WEBGRANTS. IF YOU NEED TO SUPPLY ADDITIONAL INFORMATION, PLEASE INCLUDE IN THE MESSAGE OF THE CORRESPONDENCE.

DPS revised 1-2019

APPENDIX B

SUBAWARD

The *Subaward* document constitutes an agreement between the Missouri Department of Public Safety and the Subrecipient for use of federal/state funds in the implementation of the awarded project.

MISSOURI DEPARTMENT OF PUBLIC SAFETY
OFFICE OF THE DIRECTOR
SUBAWARD

P.O. Box 749
Jefferson City, MO 65102
Phone: (573) 751-4905

Subrecipient Name:			Subrecipient DUNS Number:
«Subrecipient_Name»			«DUNS_Number»
DPS Funding Opportunity Title:		**Project Period Start Date:**	**Project Period End Date:**
2019 RSAT		07/01/2019	06/30/2020
Project Title:			**Subaward Number:**
«Project_Title»			«Subaward_Number»

Project Description:

«Project_Description»

Subaward Total:	CFDA Number and Name:	
$«Awarded_Amount»	16.593 – Residential Substance Abuse Treatment for State Prisoners	
Research and Development Project:	**Indirect Cost Rate for Federal Award:**	
No	N/A	
Name of Federal Awarding Agency:		**Federal Award Date:**
Department of Justice, Office of Justice Programs, Bureau of Justice Assistance		«Federal_Award_Date»
Name of State Administering Agency (SAA):		**SAA Federal Award Number:**
Missouri Department of Public Safety, Office of the Director P.O. Box 749 Jefferson City, MO 65102		«Federal_Award_Number»

This Subaward is made in the amount and for the project period referenced above to the Subrecipient identified above. This Subaward is subject to compliance with the general conditions governing grants and subawards and any attached Certified Assurances or Special Conditions. This Subaward is subject to compliance with all federal and state laws and all guidelines identified in the above mentioned DPS Funding Opportunity.

The undersigned Subrecipient Authorized Official hereby acknowledges he/she is authorized to legally bind the Subrecipient and certifies acceptance of the above-described Subaward on the terms and conditions specified or incorporated by reference above and those stated in the approved application.

Subrecipient Authorized Official (AO) Name:		Subrecipient Project Director (PD) Name:	
«AO_First_Name» «AO_Last_Name»		«PD_First_Name» «PD_Last_Name»	
Subrecipient AO Signature:	Date:	**Subrecipient PD Signature:**	Date:

This Subaward shall be in effect for the duration of the project period stated above and funds shall be made available on the Subaward Date with return of this signed document to the Missouri Department of Public Safety and upon full execution by signature of the Authorized Official of the Missouri Department of Public Safety, Office of the Director.

Authorized Official, Missouri Department of Public Safety	Subaward Date
	07/01/2019

APPENDIX C

SUBAWARD ADJUSTMENT NOTICE

The *Subaward Adjustment Notice* constitutes approval from the Missouri Department of Public Safety for a modification to the original *Subaward*.

MISSOURI DEPARTMENT OF PUBLIC SAFETY   P.O. Box 749
OFFICE OF THE DIRECTOR   Jefferson City, MO 65102
SUBAWARD ADJUSTMENT NOTICE   Phone: (573) 751-4905

ADJUSTMENT NO.	SUBAWARD NUMBER	ADJUSTMENT DATE
		February 21, 2019

SUBRECIPIENT NAME

PROJECT TITLE

PRESENT PROJECT PERIOD		TYPE OF SUBAWARD ADJUSTMENT
FROM	TO	**(Select)**

MESSAGE TO SUBRECIPIENT: THIS SUBAWARD IS CHANGED, AMENDED, OR ADJUSTED SUBJECT TO SUCH CONDITIONS OR LIMITATIONS AS MAY BE SET FORTH BELOW.

CONDITIONS OR LIMITATIONS:

	CURRENT BUDGET	REVISED BUDGET
PERSONNEL		
PERSONNEL BENEFITS		
PERSONNEL OVERTIME		
PERSONNEL OVERTIME BENEFITS		
PRN TIME		
VOLUNTEER MATCH		
TRAVEL/TRAINING		
EQUIPMENT		
SUPPLIES/OPERATIONS		
CONTRACTUAL		
RENOVATION/CONSTRUCTION		
TOTAL PROJECT COST	$0.00	$0.00
FEDERAL/STATE SHARE		
LOCAL MATCH SHARE		

All terms and conditions of the original Subaward document apply to this Subaward Adjustment Notice.

AUTHORIZED OFFICIAL, MISSOURI DEPARTMENT OF PUBLIC SAFETY	DATE

APPENDIX D

INVENTORY LISTING FORM

If purchasing equipment, Subrecipients are required to maintain property management records as stated with the "DPS Financial and Administrative Guide". The *Equipment/Inventory Control List* below is an example of such format and is available upon request from the Missouri Department of Public Safety if the Subrecipient does not have an existing inventory list format or property control system.

(Insert DepartmentName)
Equipment/Inventory Control List

Item	Serial Number/VIN (or other identifier)	Source of Property, including Subaward Number (where applicable)	Title Holder	Acquisition Date	Total Cost	State and/or Federal Share of Total Cost (where applicable)	Location	Use/Condition	Disposition Method (e.g. sale, trash, trade, donation)	Disposition Date	Disposition Sale Price (where applicable)